

When They Drink:
Practitioner Views and Lessons Learned
on Preventing High-Risk Collegiate Drinking

© 2006 by Robert J. Chapman, PhD

The first monograph in the —When They Drink‖ series
exploring the issue of campus drinking

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Prologue

When They Drink
Robert J. Chapman, PhD

Although numerous surveys have suggested that most students are moderate in their consumption, the remaining minority of students are clearly high-risk and dangerous drinkers. With a quarter of contemporary collegians engaging in what the *College Alcohol Study* at Harvard refers to as episodic *binge drinking*—4 or more drinks per outing for women, 5 or more for men—how come there are not *more* untoward student incidents on or near campuses where alcohol is the dominant mitigating factor? And why do college students continue to engage in such high-risk (if not dangerous) drinking practices, especially with all the media attention given to collegiate drinking over the past decade?

For many student affairs professionals and health educators, the answer seems related to the fact that students engaging in high-risk and dangerous drinking perceive themselves to be immune to the consequences of such behavior. They see themselves as being, as one student put it, *bullet proof*. When asked, students report that the alcohol-related tragedies that occur in higher education result primarily because of *bad luck*, or because the involved students were simply (to quote another student), “stupid.” In short, students do not see themselves as ever being in a similar situation...until it happens. If a deck on the back of an apartment house collapses under the weight of too many revelers dancing wildly while under the influence, it is the fault of the contractor that built the structure, not the judgment of the drinkers who pack onto the structure. If an intoxicated student falls from a balcony, it is the carelessness of that student—not the alcohol consumed—that is blamed for the fall. And when students are referred for an assessment following an alcohol induced crisis, they often explain the consequence of a disciplinary violation by using the same reasoning, “I was in the wrong place at the wrong time,” or “I was stupid.”

Such student perceptions are similar to the *just world hypothesis*, a phenomenon reported in social psychology. Simply stated, this hypothesis suggests that people tend to get what they deserve (*bad things happen to bad people*). If someone experiences an alcohol-related consequence, the tendency of the individual considering the occurrence is to think, “She got what she deserved,” or “He must be really stupid.” At a recent collegiate workshop, when the student audience was presented with the facts surrounding a well documented case of sexual assault where the victim had been drinking, better than half the audience—most of whom were women—reported they would *not* have found the defendant guilty of assault, because the woman was intoxicated and acted foolishly in her choices that led to the incident.

When applied to college students, the *just world hypothesis* helps explain their perceived immunity from the consequences of their collegiate drinking. In short, they know drinking can result in untoward incidents but do not perceive *their drinking* to be particularly high-risk, because, as *good people*, logic dictates, “How can anything bad happen to me?” Consequently, it should come as no surprise that these same well-informed students might well experience tragic consequences when they drink excessively. As we all know, bad things *do happen* to good people.

Another phenomenon comes from the research of social psychology and may help us understand the all-too-often alcohol-related tragedies that occur in higher education. *Groupthink*, as Irving Janis first called it, is an explanation of a particular type of group decision-making. According to Janis’ research, when a group is significantly influenced by its leadership and is isolated from mainstream thinking on a particular issue, poor decisions tend to result when the group is placed under stress. The hallmarks of such flawed decision making include a group’s perception that it is invincible and that it has a moral responsibility to act in a particular fashion. There is also a tendency to view individuals outside the group as *others* and to justify this by using stereotypes. When the group employs a buffer that insulates it from outside influence—a buffer that filters out alternative or contrary views from those expressed by the group and its leadership—individual members are pressured to go along with the decision of the group. Drinking to intoxication, with an obvious elevation in the risk that negative consequences will occur, can further muddle this entire process of group decision making. In this situation, the normal checks and balances employed in decision making are no longer in force. This can be seen in quickly escalating and spontaneous student responses to, for example, a collegiate sporting event—what have been termed, *celebratory riots*—or a restriction of perceived *student rights*.

In 2002, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) published *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*. In this report, the Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism reviewed existing prevention strategies to address high-risk and dangerous collegiate drinking and, “placed [them] in descending tiers on the basis of the evidence available to support or refute them.” This has tended the gold standard for prevention efforts in higher education, with several promising approaches for addressing the issue of collegiate drinking appearing on the top 3 of 4 identified descending tiers of effectiveness¹. But even with the NIAAA’s evaluation of what are and are not effective prevention strategies as a guide, it remains difficult to understand how contemporary collegians come to make the choices they do with regards to alcohol and its use. How students view alcohol as a substance and drinking as a behavior likely affects the individual decisions they make on any given party night, especially those perspectives of students who choose not to drink, or if they do, who do so moderately (four or less drinks per occasion).

¹ See

http://www.collegedrinkingprevention.gov/Reports/TaskForce/CallToAction_02.aspx for review of these tiers of effectiveness.

Student perspectives on alcohol as a substance and drinking as a behavior provide a glimpse inside contemporary campus culture. Accessing these perspectives affords student affairs professionals a greater understanding of why students—the drinkers and the abstainers—make the choices they do. Such insights, coupled with the NIAAA’s assessment of effectiveness of prevention strategies, will likely further efforts to change the campus drinking culture.

But how are these individual student perspectives accessed? For a decade, I have been asking students about their views on alcohol as a substance and drinking as a behavior. Although these conversations and interviews have been with a particular population of contemporary college student—those attending a small, private, urban institution—I have nonetheless learned some interesting things with regards to these contemporary student perspectives. For example, many first-year students speak of arriving on campus with the belief that alcohol is the *key* to an active and successful social life, while third-and fourth-year students speak of it as an important adjunct to socializing, but far from *the* focus of socializing. Consider this more detailed juxtaposition of these “entering” and “experienced” student views:

Entering Students

Tend to view alcohol as:

- 1) Entry & enhance college social life
- 2) Prerequisite for having a good time and ensuring “fun” in college
- 3) A common denominator among all students on different campuses
- 4) Necessary and sufficient for collegiate socializing
- 5) Problem solver/reward/ relaxant

Tend to view drinking as:

- 1) “Partying”
- 2) What all college students do
- 3) Consuming until intoxicated
- 4) *The* reason for socializing
- 5) Major collegiate recreational activity
- 6) Sign of independence and assertion of personal freedom

Experienced Students

Tend to view alcohol as:

- 1) Enhancement of collegiate social life
- 2) Way to release inhibitions and permit having “fun”
- 3) A common denominator between many students on different campuses
- 4) Frequently necessary, but not sufficient for collegiate socializing
- 5) Celebratory or gregarious activity

Tend to view drinking as:

- 1) Part of socializing
- 2) What many college students do
- 3) Consumed, occasionally to intoxication
- 4) An adjunct of collegiate socializing
- 5) A desired, but not required collegiate recreational activity
- 6) Characteristic of adult life

As can be seen in this comparison of views between entering and experienced students, significant differences exist in their perspectives. Junior and senior students consistently grow *bored* with the “\$5-and-all-you-can-drink” keg party; and while many first-year students continue to say the opposite, these third- and fourth-year *students*, who report dissatisfaction with *keggers*, were the entering students a few short years before. They came to recognize the negative correlation that exists between such drinking and other important aspects of their lives, such as academic performance, social prowess, and landing job interviews.

This variance—some would call it the result of *mellowing*—is referred to in the literature as the *maturing-out phenomenon*. This results from the cause-and-effect relationship that exists between the individual choices made by entering students (as they act on their pre-arrival perceptions) and the resulting consequence that follow (choices made based on those perceptions). It is not clear if this phenomenon is the exclusive result of such experiential learning or if normal developmental factors affect these student perspectives. In either case, during the course of their undergraduate experience, students report rather dramatic changes in their personal perspectives regarding alcohol as a substance and drinking as a behavior, especially during their first four semesters.

One explanation of how this learning results in such a marked shift in perspectives may come from the way meaning is attributed to one’s actions and to the actions of others. *Symbolic interactionism* is a sociological theory that suggests human interaction is organized around everyday events and proceedings that serve as symbols to which humans then orient themselves.

We tend to assign meaning to our experiences through the interaction we have with others as we have them. The consequences that follow choices based on these perspectives, for example, sleeping through an exam or doing something embarrassing, or the reactions of those who interact with the drinker—confrontation or exclusion—can affect the way alcohol is viewed as a substance and drinking is perceived as a behavior. Through this interaction with others driven by their pre-arrival perspectives, students ascribe new meaning to these *symbols*. How one comes to view and understand these responses will affect the resulting course of action taken by the observer, not to mention how the event is stored in memory, or how the event is recalled later. Those who subscribe to this view of how meaning is attributed to actions recognize that we engage in this practice and assign meaning to our own behavior as well as that of others. This evolution of meaning is more than just a simple physical response to environmental stimuli. Put another way, the most interesting aspects of human behavior result from the meaning individuals assign to their own actions and to the actions of others. Just as language is comprised of auditory symbols that have meaning, which can change through use and interaction, so do the events and proceedings in our lives come to have meaning...and so can this meaning change with time and experience.

What follows is a simple heuristic that is intended to outline the *maturing-out phenomenon* by considering how meaning may be ascribed—and re-ascribed—to alcohol as a substance and drinking as a behavior. It should be read as a counter-clockwise

progression from the *Pre-Arrival Expectations* of entering students through the process by which students ascribe meaning to alcohol and drinking. The student may cycle through the *Collegiate Meaning* and *Personal Understanding* phases of this progression repeated times. Whether this process would result in the maturing-out that students mentioned above would experience is beyond the scope of this essay. Suffice it to say that it would appear that students view alcohol and drinking on the basis of the meaning they ascribe to their own actions and to those of others with whom they interact during their undergraduate experience.

Collegian-Alcohol Interaction

Pre-arrival Expectations

1. Established in high school...
- ↓
2. As the result of the influence of high school peers & parents...
- ↓
3. And taken to college as expectations of collegiate drinking



Collegiate Meaning

1. Interaction with other collegians, entering & experienced...
- ↓
2. Necessitates interpreting these interactions...
- ↓
3. Resulting in meaning being ascribed as the result



Personal Understanding

1. Student acts in accord with perceived meaning...
- ↓
2. Consequences and new experiences...
- ↓
3. Necessitating a need to reconsider the meaning ascribed to alcohol & drinking resulting in...



Maturing-out →

These *pre-arrival* perceptions of what college is like and what role drinking will play in the entering student's collegiate experience have been the subject of great interest during the last decade with student tendencies to *misperceive* the social norms of the environment in which they exist becoming a focus of rather intense empirical study. Preliminary results suggest that students *over estimate* the frequency at which their peers drink as well as the amount that is consumed on each occasion. If this propensity to misperceive social norms is true, it suggests that by confronting the *misperceptions* about alcohol and drinking, changes will occur in patterns of student drinking. As logical as this argument is, it has not been without its critics. However, in 2002, the National Institute on Alcohol Abuse and Alcoholism listed social norms marketing in its Tier 3 level of prevention strategy, (*Evidence of Logical and Theoretical Promise, But Require More Comprehensive Evaluation*), and in 2003, the Substance Abuse and Mental Health Services Administration listed social norms marketing campaigns among one of the more promising practices.

Recently, reported research conducted by the Boston University School of Public Health suggest that such social norms campaigns seem to reduce the rates of high-risk and dangerous drinking in environments where this practice is stable, and they seem to inoculate students at those campuses where high-risk drinking practices are on the increase. This and other research on social norms marketing is now finding its way into the scientific literature, suggesting that this approach to preventing high-risk and dangerous collegiate drink may soon find itself listed as a NIAAA Tier 1 program of effectiveness, *Evidence of Effectiveness Among College Students*.

Conclusion

In the past decade, the issue of collegiate drinking has become a regular feature in the popular media. For far longer, it has been the focus of student affairs professionals and researchers who have been interested in the phenomenon of *binge drinking*. Although the media have accepted the term "binge drinking," along with its definition (the consumption of five or more drinks in one sitting by males, four or more by females) the more accurate term to refer to this type of student drinking is high-risk and dangerous. Whichever term is used, the frequent and significant consumption of alcohol by collegians presents an issue of significance to all interested in higher education and the welfare and success of collegians.

Students speak of drinking as an expected part of their collegiate experience, a rite of passage from adolescence to adulthood. While most students that choose to drink do so moderately, there remains a sizable minority of students whose consumption represents a threat to their own academic, personal, and social welfare, as well as presenting what have come to be called "second-hand" effects of high-risk drinking. It is this aspect of contemporary collegiate life, this belief that drinking to excess is a prerequisite of the *campus culture* that has prompted those concerned about the abuse of alcohol in America's colleges to pursue evidence-based strategies to address this problem.

To “change the campus drinking culture” has become something of a rallying cry for those involved in higher education. And for the first time, there are models for accomplishing this objective that hold promise as outlined in the NIAAA report on the effectiveness of prevention strategies. The programs that hold promise are not steeped in legislative responses or enacted by those long out of college. Neither are they programs that attempt to simply educate students about the risks and dangers of alcohol abuse with the expectation that information alone will lead contemporary collegians out of harms way. Rather, as outlined in the NIAAA report, contemporary prevention strategies are steeped in evidenced-based approaches. These tactics offer approaches designed to meet students in each of three specific collegiate subpopulations, each with its own idiosyncratic characteristics: the *universal* or general student population, the *selective* or at-risk student population and, the *indicated* or already-showing-signs-of-a-problem student population.

For prevention programs to become more successful in affecting the campus drinking culture, parents, educators, and legislators will need to recognize that this is not a task that will be accomplished *over night*. Yet, overnight change is what the public demands, especially when presented with of sensational media reports related to collegiate drinking. Changing any existing culture will necessitate a carefully calculated and intricately planned strategy involving all participants in that culture. Those responsible for executing a strategy designed to affect collegiate drinking are the staff, faculty, and students who comprise the on-campus culture itself as well as the parents, politicians, and media who observe it, frequently ‘misperceiving’ what is happening. It is such misperceptions that have resulted in off-campus demands that *zero-tolerance*” legislation be enacted, despite the fact that most students are moderate, if not abstinent, in their drinking. In addition, it would appear that those from off-campus making these demands are the same group that believe, somewhat naively, that making students aware of the risks associated with excessive drinking will assuage the problems currently appearing on college and university campuses.

Many of these individuals do not recognize that change in a culture occurs and in stages. At one pole on the continuum of change are those campus observers who expect change to happen immediately and pressure politicians to enact legislation that will mandate change. At the other are those members of the campus community—some faculty and parents as well as many students—who believe that there is no problem regarding collegiate drinking that necessitates change. For this population, efforts to increase their awareness of the risks associated with contemporary collegiate drinking practices is appropriate, especially if tied to correcting a perception that drinking is, in and of itself, a rite of passage not to mention a venerated part of the *total* collegiate experience. Well-crafted policy and procedures can help bring all members of the campus culture—students, staff, faculty, and parents alike—to a point where they are willing to consider the possibility that change results from *acting on* the issue of collegiate drinking rather than *reacting to* it. It is this call to action that is the focus of this collection of essays.

Introduction

An Ounce of Prevention: Addressing Contemporary Collegiate Drinking

By Robert J. Chapman, PhD

Introduction

Collegiate surveys of drinking and alcohol consumption are so ubiquitous in higher education's literature that *binge drinking*, the consumption of 5+ drinks for males or 4+ drinks for females in a single outing, is the new benchmark for measuring collegiate drinking, resulting in a national concern over the pandemic of dangerous and destructive drinking on campus¹. Yet, the repeated surveys of collegiate drinking since the early 1990s—whether surveying specific institutions of higher education or looking at aggregate totals from multiple institutions across the country—have suggested that the students engaged in high-risk and dangerous drinking represent a minority in higher education.

Although a minority of all students, those who do consume dangerous quantities of alcohol on a regular basis tend to represent a disproportionately large share of the students who fail to make the transition from living at home and attending high school to being on their own in college. In addition, high-risk drinkers tend to not graduate from the college to which they matriculated their first year—a factor some administrators in higher education estimate to account for 25% of all attrition in higher education—and their drinking a mitigating factor in acts of vandalism and violence as well as their tendency towards academic achievement well below personal ability. Add to this the secondary effect of high-risk drinking on the quality of life for the rest of the population at a drinker's school, and the consequences of collegiate drinking become that much more pronounced.

Quality of life issues are among the more frequently cited reasons that students give for transferring from school or moving from campus housing, often optioning to commute from home. It is for good reasons that administrators and professional staff alike are concerned about the issue of collegiate drinking and why collegiate drinking is among the more persistent issues of collegiate health in higher education today.

Public awareness of the problems associated with contemporary collegiate drinking, fostered by the media's insatiable appetite for stories about “alcohol and college” and the all-too-frequent deaths associated with excessive intoxication, has galvanized parents,

¹ See *Binge Drinking: When Language Impedes the Practice of Prevention*, later in this monograph, for a review of the controversy surrounding the use of this term to refer to collegiate drinking.

student affairs professionals, collegiate administrators, and politicians to demand that something be done.

Historically, the “something” that needs to be done has been the domain of the alcohol and other drug (AOD) professional. Their job today, as it has been for decades, is to deter alcohol and other drug problems in institutions of higher education. But if the quest to prevent AOD problems is not new, is it different? Have the attitudes, values, and beliefs of contemporary students regarding alcohol as a substance and drinking as a behavior changed? Are student values in the 21st century different from mid-20th century student values, *and* if they are, should prevention be viewed differently today?

Contemporary campuses are in a state of Dickensonian contradiction: one could argue that these are the best of times in attempting to prevent high-risk and dangerous drinking in higher education yet the worst of times to affect change. There has never been more attention focused on prevention than there is today. The almost incessant stream of news reports, research findings, statistical analyses, and government studies have all but assured that every discussion of collegiate life will include a consideration of drinking. This has spurred the public, politicians, collegiate administrators, and parents to consistently demand that prevention specialists change the apparent culture of high-risk drinking in higher education. This bipartisan concern has been answered by a number of new evidence-based approaches to prevention and intervention as well as the development of strategies that are available to practitioners in order to affect the college drinking culture. Yet with public awareness at an all time high, and parents, academics, politicians, and student affairs professionals apparently unified in a quest to abate high-risk drinking, contemporary collegians continue in their pursuits.

Perhaps we have assumed too naïve of a position in approaching this issue. Historically, prevention efforts have focused on educating America’s collegians about the risks associated with excessive drinking, believing that increased *awareness*, in and of itself, would be sufficient to affect changes in personal drinking behavior. However, from *drug abuse resistance education* (D.A.R.E.) programs in grade schools to *National Collegiate Alcohol Awareness Week* campaigns in college, we have documented increases in awareness about the problems of alcohol and other drug abuse, but have not logged significant changes in drinking and drugging behavior in the collegiate population as a result.

Although impulsive and moralistic reactions to collegiate behavior have led to attempts to legislate student change with public policy that enforces the will of the institution on individual students and demanding punitive retribution for “inappropriate” behavior, such Draconian measures have succeeded only in motivating students to redouble their efforts to assert their independence through their perceived *right to drink*. This is not to say that there is no place for the consistent enforcement of appropriately formulated policies, replete with consequences that may be severe², but the quest for a silver bullet for high-

² See *Toward “Shared Responsibility”: Designing Environmental Messages for Local Stakeholders* for more on environmental strategies.

risk collegiate drinking too often drives reactionary policy decisions in the name of prevention. A more productive approach to preventing high-risk collegiate drinking will likely be an integrated coalition of approaches that eventually resolves the dilemma; the issue of primacy in this monograph.

The purpose of this introduction is to invite and exploration of the need to, “change the campus drinking culture.” For the first time, varied models exist to realistically approach this objective. These models hold promise, as demonstrated in outcome studies that point to specific reduction in high-risk and dangerous drinking on campuses across the country. These programs are not steeped in legislative responses or enacted by those long out of college; neither are they programs that exclusively attempt to educate students about the risks and dangers of alcohol abuse in the belief that awareness alone will preclude high-risk drinking. They are current prevention strategies designed to:

1. Confront the misperceptions that students hold regarding the normative drinking behavior of their peers
2. Recognize that change—either for the individual student or the institution in which that student is enrolled—occurs in stages, and that movement through these stages necessitates the use of interventions that are tailored to meet students *where they are* on the continuum of readiness to change, rather than where administrators, parents, and legislators believe they should be
3. Differentiate between, a *universal* population on campus for whom the objective is to prevent or delay high-risk drinking, a *selective* or at risk population (entering first-year students already for whom high-risk drinking is likely) and an *indicated* population, or those students for whom a problem already exists (the repeat violator of institutional alcohol policies)
4. Acknowledge prevention as something done *with* contemporary collegians rather than *to* them.

For prevention programs in the 21st century to become more effective in changing the campus drinking culture, it is important to realize that change is not a process accomplished in weeks, or even semesters. Patience regarding this change is not a virtue that will be easily realized by the lay public, especially as they are habitually exposed to media messages about “*binge drinking*.” Changing the campus culture will necessitate a carefully calculated and intricately planned strategy, involving all participants in that culture. The key players in executing this strategy are the staff, faculty, and students who comprise the campus culture as well as the parents, politicians, and media who observe American higher education.

For those who have come to recognize that change is appropriate and are prepared to approach change in a logical and structured fashion, action-oriented programs can be most helpful. Once change has begun, it can be maintained by frequent assessment of the campus culture and its ideas, perspectives, and beliefs. In turn, this information can be reported directly and frequently to the campus so that a cycle of positive feedback is created.

By identifying the varying population's particularized stages of preparedness to change, and targeting them with tailored programs, we increase the likelihood that we will affect the campus culture as a whole. The good news is that promising practices, representing all different categories of change, are identified across the country.

While the bulk of what must happen to affect the campus culture involves ideology, strategy, and policy, there is still the need to support specific programming. Funding is an important aspect for the success of changing the campus culture. Institutions of higher education must be prepared to lend both administrative and financial support to the efforts outlined in this monograph. With statewide consortia and national coordination, it is entirely possible that the culture on college and university campus can be changed to the benefit of all concerned, both on and off campus.

This monograph will consider the issue of collegiate drinking and proffer a collection of professional and personal essays, written by contemporary practitioners, researchers, administrators, and educators, designed to present a comprehensive and integrated overview on preventing high-risk and dangerous drinking in higher education. These essays are presented in two parts.

Part I includes professional essays related to best practices and contemporary thinking on the topic of understanding, preventing, and/or intervening with high-risk collegiate drinking. These essays consist of:

1. *Substance Use on Campus: A Brief History* – Richard Lucey
 - “Since the Colonial Era, colleges and universities in America have had to address the issue of students using psychoactive substances, especially alcohol, on campus. Perhaps the heart of this matter can be found in alcohol’s seeming omnipresence in the hallowed halls of higher education.” This essay chronicles that presence.
2. *When They Drink: Alcohol and the First-Year Experience as Seen by Student* – Robert J. Chapman & Alexandra Zaballero
 - “There are numerous reports indicating that college students drink alcohol when they first experience the independence of college, but few reports present a student’s perspective on this phenomenon. This essay presents an insider’s view of collegiate drinking and explores how it shapes a student’s college experience.”
3. *Empowering change in collegiate drinking patterns: Where have all the professors gone?*– Linda Jeffrey & Pamela Negro
 - “A critical task for collegiate AOD prevention and student life professionals, administrators, and faculty who wish to change the college culture is to consider the meaning of alcohol use in the developmental psychology of students and the evolution of campus culture in general. What role does the faculty play in the developmental psychology of student drinking? Two accounts of student collegiate life, written decades apart, shed light on the absence of faculty involvement in student campus life. Is this absence of

faculty involvement playing a significant role in the perpetuation of excessive college drinking?”

4. *Environmental Management: An Approach to Alcohol and Other Drug Prevention* – Reprinted with permission, Higher Education Center archives
 - “The field of public health recognizes that health-related behaviors are influenced by multiple factors: individual factors, peer factors, institutional factors, community factors, and public policy. Successful prevention programs address all of these factors in a comprehensive approach. For campuses, it is especially important to complement existing efforts by addressing the physical, social, economic, and legal environment in which students make decisions about AOD use, which can be accomplished through a mix of institutional, community, and public policy change. This is environmental management.”
5. *How Public Alcohol Policy Shapes Prevention* – George Dowdall
 - “Alcohol policy shapes how alcohol is produced, distributed, marketed, and sold. It also shapes what can be done about college drinking, and even the discourse about college prevention programs. Recent evidence supports the argument that upstream factors like policy may be as important—or even more important--than downstream efforts to prevent or control college drinking. Because of this, preventionists need to be the experts on their campuses about policy.”
6. *Organizing a Community Coalition: Lessons Learned from Lincoln, Nebraska* – Thomas Workman and Linda Major
 - “In this essay, a variety of the lessons learned about building a successful coalition to address environmental issues within a campus-community are shared. Some of these lessons are no more than discoveries of “truth” about coalition work. Others transform easily into specific recommendations for community organizers, based on our evaluation of actions taken that have proven to be successful. Other lessons came the hard way as we faced failure and asked ourselves, ‘If we could do it all over again, how would we do it differently?’”
7. *Toward “Shared Responsibility”: Designing Environmental Messages for Local Stakeholders* - Thomas Workman
 - “A host of public health institutions including the National Institute of Alcohol Abuse and Alcoholism (NIAAA), the U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, the American Medical Association, and the Harvard University School of Public Health have recommended that practitioners employ the environmental model as part of a comprehensive approach to reducing college alcohol abuse. Based on the framework of social ecology, the model posits that alcohol-related harms can be reduced by changing aspects of the

environment that support the high-risk drinking behavior of college students.” This essay explores this *environmental model*.

8. *Addressing Problems in Large Unsupervised House Parties: Some Experiences From an Ongoing Initiative at the University of Wisconsin-Madison* – Sudi L. Cleglerek & Aaron Brauer
 - “Across the nation, alcohol abuse poses a major challenge on college campuses resulting in a number of negative consequences including violence, noise and vandalism; sexual assaults and negative impact on overall academic performance. Funded by the Robert Wood Johnson Foundation, the Policy, Alternatives, Community & Education (PACE) Project at the University of Wisconsin-Madison (UW-Madison) started in 1996 with the primary goal to use environmental approaches, i.e., campus and community policy change, pricing, enforcement, rewards and incentives to students, to decrease high-risk drinking and its negative consequences on this campus... We present this brief document as a guideline encompassing our experiences and suggestions based on project work to address the problem of large house parties, a common occurrence in college towns.”
9. *The Alcohol Skills Training Program: Science-Based Approaches to Individual College Alcohol Abuse Prevention* – George Parks
 - “The focus of this essay will be on *BASICS* (Brief Alcohol Screening and Intervention for College Students) and *CHOICES About Alcohol*, which are modalities of the Alcohol Skills Training Program (ASTP). First, *BASICS* will be described including its supporting research and mode of delivery, and then *CHOICES* will also be briefly discussed. *BASICS* was designed for college students who typically drink several times a week, have already experienced alcohol-related problems, and who are usually low in problem recognition and often resistant to prevention programs and other types of intervention”
10. *College Undergraduate Binge Drinking: A Definitional Quandary Yet Substantive Problem Nonetheless* – Todd Gomez
 - “There are many challenges that face the prevention field. Perhaps most daunting is addressing the issue of high risk and dangerous drinking – aka binge drinking – with related negative student, peer, familial, and campus environmental consequences. This (essay) will examine the myriad definitional issues that have arisen because of the lack of common shared agreement regarding terminology and operationalization.”
11. *The Social Norms Approach to College Student Drinkers: Its History and Implications for College Health Promotion* – Richard Rice and Michael Haines
 - “This chapter is intended to provide information about the initial case study that employed the social norms approach to address student alcohol use in a university setting. Outcome data from subsequent case studies will then be reviewed and an overview of relevant research provided. The chapter will conclude with some reflections on the

implications of the social norms approach for college health promotion.”

12. *Evaluation: Some Reflections for Renewal* – David Anderson

- “In thinking about evaluation, it is important to acknowledge that a wide range of specific strategies and ‘how to’ efforts can be provided. Further, a range of methodologies can be applied, depending on the nature of the project, the desired learning, the availability of qualified personnel, the project setting and parameters, the funding, and much more... This article does not represent a ‘how to’ approach or some single-best strategies. What it does suggest is that, even when there is agreement about many of the foundations surrounding evaluation, there are many challenges that can get in the way of accomplishing this.”

13. *Addressing Homophobia through Environmental Management: A Prevention Strategy for Lesbian, Gay, Bisexual, Transgender, and Queer Students* – John Watson

- “Discrimination and self-loathing have long been associated with high-risk drinking, and it is no different for lesbian, gay, bisexual, transgender, and queer (LGBTQ) students on today’s college and university campuses³. Homophobia, experienced in three different forms, is connected with depression, a lack of self-worth, and increased alcohol abuse. Environmental Management is a framework that is comprehensive and conducive to reducing homophobia and creating an LGBTQ friendly environment through enhancement or customization of prevention strategies used in this approach such as social marketing, alcohol-free recreational programming, peer education, campus-community coalitions, education, and an examination of campus policies and local, state, and federal regulations and laws. These strategies, as well as the process of sexual identity formation, its unique challenges, and their relationship to alcohol use will be discussed in the paper designed for professionals in the field of prevention who may or may not have experience with, or knowledge of, LGBTQ students.”

14. *Binge Drinking: When Language Impedes the Practice of Prevention* – Robert J. Chapman

- “Unbeknownst to the average viewer of the popular media, there is a significant controversy regarding the term ‘binge drinking.’ This term, so prominently employed to describe high-risk drinking by contemporary collegians, is far from an accepted term by those who work in the field. From the U.S. Department of Education and its Higher Education Center to the prestigious *Journal of Studies on*

³ Its members have added the term queer as a descriptor of this community. Traditionally a derogatory term for LGBT people, it has recently been reclaimed by some as a positive and gender neutral reference to LGBT (Q) people.

Alcohol, many professionals and organizations eschew this misrepresentative term. Even the National Institute on Alcohol Abuse and Alcoholism has called for the definition of what constitutes a binge to be changed to reflect issues of time and resulting blood alcohol concentration in determining if a binge has occurred.” This essay explores this controversy and suggests problems inherent in the use of the term *binge drinking* in order to refer to high-risk collegiate drinking.

Part II includes personal essays that present a practitioner’s view on “Lessons Learned.” Prevention specialists, senior administrators, community activists, professional counselors and educators have written these essays. They include:

1. *How to Get the Attention of The Movers and Shakers* – Margaret Barr
 - “We all need to make our lives—let alone our work—less complicated, but this can be a daunting task in today’s fast-paced world of higher education. This essay is written to organize several *common sense* observations—resulting from a career as an administrator in higher education—on how to attract the attention of campus *movers and shakers* and gain their support in preventing of high-risk drinking in today’s colleges and universities.”
2. *Fences May Make Good Neighbors, but Not in Prevention: My Experience in an On-going Collaboration to Address Dangerous Drinking on the College Campus* – Linda Lederman
 - “The purpose of this essay is to share my experiences in addressing (complex communities that help shape the behavior of their members) through the formation of an on-going formal collaboration that cuts across the usual fences in universities that divide faculty, staff and students. Ten years of collaboration leads me to believe that an important element of successful prevention on the college campus is a partnership in which research faculty, prevention specialists, undergraduate and graduate students and college life staff work closely together in order to understand their competing roles and responsibilities while at the same time creating gates through these fences.”
3. *Higher Ed – Law Enforcement Partnerships: Understanding Cultural Differences* – Laurence Mazzeno
 - “The Environmental Approach to dealing with alcohol and other drug problems is in vogue now, perhaps with good reason; initial research suggests that the strategy can have a positive impact in reducing high-risk behaviors among college students. However, anyone who has undertaken collaborative work with representatives from the community is likely to have learned a hard lesson: Not everyone approaches the problem of alcohol and other drug use and abuse with the same presuppositions, and hence not everyone is willing to accept

without question the programs and solutions proposed by AOD prevention and treatment specialists. I would like to address one such collaborative partnership—that which we might form with local law enforcement agencies—and suggest ways those of us in higher education might make such partnerships more effective.”

4. *Developing an Evidence-Based Prevention Program for College-Bound Students: Lessons Learned* – Julie Rosenbluth
 - *Transitions* is a unique prevention program intended to reduce the use of alcohol and other drugs during the final years of high school, and change attitudes about high-risk drinking, and help prepare students for the alcohol and other drug-related challenges they will face in college. This essay will review the history and evolution of a new program designed to address the needs of older adolescents as they transition to college, complete with a consideration of its challenges, frustrations, and successes.
5. *Helping High School Seniors Transition to the Non-academic Life of College: Putting Theory into Practice* – Julia Taylor
 - “Graduating high school and making the transition to college is a milestone that is not only significant for the graduate, but impacts the entire family system as well. Issues related to separation, independence, and responsibility surface for all in the family to address. From the moment that residential students wave goodbye to their parents at the curb outside the college residence hall, they are presented with social situations that have never before—or at best, infrequently—been encountered. And although these issues are most pronounced for students residing on campus, the changes associated with the transition from high school to college are nonetheless significant for commuter students as well.”
6. *Partners in Prevention: Faculty/Staff Training Program* – James Brenner, Lynne Hamelton & Jacqueline Hodes
 - “When considering a typical college campus, it seems very possible that faculty and some staff have the most actual contact with students. This professional to student interaction, whether it is part of work-study, academic work, advising, or residence life, affords many opportunities to interact with students and witness firsthand the decisions they make as well as the outcome of those choices. Too often, staff and faculty dismiss events that suggest a student may be struggling with an alcohol problem as part of college life. (Partners in Prevention) views these events as opportunities to have a conversation about a student’s ability to make good decisions.”
7. *Being a Coordinator of Campus AOD Prevention Activities* – James Lange
 - “It is a daunting thing, arriving on campus as its first ever Coordinator of AOD Initiatives. While a new position always instills a mix of fear and excitement, this was different. There had been news stories and campus publications heralding my arrival. Recent fraternity expulsions and high-profile alcohol-related busts were the backdrop against which

the new campus Coordinator of AOD Initiatives was viewed. This position was described as a bold step for the university; a demonstration of the administration's resolve to get a handle on the high-risk drinking situation on campus."

8. *When Booze is in the Air: Officially* – Albert Frech
 - "...this article describes how the prevention practitioner might use a framework to evaluate the potential risk factors in sanctioned alcohol available events, and propose strategies to reduce those risks. It is reasonable to assume that practitioners' perceived expertise, credibility, and influence might be enhanced if their consultations and advice are seen as grounded in current evidenced-based professional research and successful and promising prevention models and practices."
9. *Afterwards—Towards a Synergistic Model of Prevention*
 - "There is an African proverb that suggests, 'The way you eat an elephant is one bite at a time.' Perhaps student affairs professionals and educators of all types should recognize that prevention should happen one student at a time, and the approaches we employ should be tailored to the needs of those targeted students rather than the institution as a whole. Effective prevention is not something done *to* an institution but rather it is something done *with* the individual students matriculated in that institution. Prevention specialists and student affairs administrators must not be forced to choose *between* models of treatment, but rather approach them as all being, individual arrows in the archer's quiver, available for use as the job requires."

Appendix A collection of essays, used with the permission of the U.S. Department of Education's Higher Education Center for Alcohol, Other Drug and Violence Prevention and taken from a previously unpublished edition of *The Catalyst*

1. *High School and University Officials Join Forces*
2. *The National Resource Center for the First-Year Experience and Students in Transition*
3. *Passport to a Safe and Sober College Experience*
4. *Rochester Institute Of Technology Helps Freshmen Make Healthy Decisions*
5. *Community Colleges and Their Role in the College Transition*
6. *The High School to College Transition: How Colleges Can Help*

Part One: Best Practices

What follows in this section is a collection of essays addressing various aspects of high-risk drinking, collegiate life, and the thoughts, views, and experiences of various academics and students affairs professionals currently addressing the issue of high-risk drinking in their professional careers. These essays are designed to stimulate the reader's consideration of the many and varied issues related to collegiate drinking while at the same time proffering ideas and strategies that may be appropriate for implementation on college and university campuses across the country.

Substance Use on Campus: A Brief History

Richard Lucey, M.A.

Since the Colonial Era, colleges and universities in America have had to address the issue of students using psychoactive substances, especially alcohol, on campus. Perhaps the heart of this matter can be found in alcohol's seeming omnipresence in the hallowed halls of higher education. For instance, as early as the 18th century, there were student canteens called "butteries" where various and sundry supplies were sold, including wine, beer, and liquor (Straus and Bacon, 1953, p. 37). Additionally, according to a report published in 1871, Yale students approved of "moderate drinking," and did "not disapprove of one's 'getting comfortably tight,' occasionally" (Horowitz, 1987, p. 45).

However, it wasn't until the middle of the 20th century that serious research started to document the prevalence of alcohol and other drug use on America's college campuses. This newfound interest in an age-old problem may have been precipitated by the death of two students during drinking parties in 1949 and a third incident that year in which a student almost died while being initiated into a drinking club (Straus and Bacon, 1953). Interestingly, such senseless tragedies still have the power to generate a call to action at the advent of the 21st century.

Before proceeding further with this historical overview of alcohol and higher education, it is important to make note of three issues important to this consideration of campus-based substance abuse. First, although the essay will address student use of a variety of substances, it will become clear that alcohol is by far the drug of choice for college students in America, then and now. Therefore, it is alcohol that will often be highlighted in presenting historical prevalence rates and discussing the evolution of prevention efforts in higher education since the mid-20th century.

Second, the majority of research conducted over the past 50 years involves the use of information collected via responses to self-reported surveys of personal alcohol and other drug use. Oftentimes, there is a certain degree of skepticism among college administrators, faculty members, students, and the general public regarding the validity of results gleaned from such surveys. This is an understandable cynicism that results primarily from the belief that the information being collected could be incriminating, since illegal behavior may be involved. As such, it is usually presumed that students filling out these surveys will not be honest in their answers. However, consideration of concerns regarding the veracity of trends resulting from such surveys has been addressed by researchers and there is assurance that the resulting data are a valid source of information that can be extrapolated to the population being studied (Johnston, O'Malley, and Bachman, 1999,; Reinisch, Bell, and Ellickson, 1991).

Thirdly, although the research studies highlighted in this essay drew upon different samples of college students, the results are fairly consistent and imply that the

methodologies that were employed are well founded and indicative of accurate data collection. To that end, these national surveys taken collectively do not so much represent a longitudinal study as they provide a realistic portrait of collegiate attitudes and behaviors related to alcohol and other drugs over time. Put another way, even considering the tremendous changes that have been documented in American college student attitudes, values, and beliefs since the mid-20th century, as evidenced in everything from manner of dress to sexual practices, the primacy of substance use in general and alcohol most specifically has remained a constant.

Prevalence

A little over 50 years ago, a landmark study conducted at Yale University was arguably the first formal research-based indication of a substance use on college campuses in the United States. By analyzing the responses to a self-administered questionnaire completed by more than 15,000 students at 27 colleges, researchers identified specific rates of alcohol use by college students and their rationale for drinking (Straus and Bacon, 1953, p. 3).

In conducting their survey for Yale, researchers concentrated on two key pieces of information: how frequently students drank and how much alcohol they consumed. Hence, the findings indicated that 43 percent of male students drank at least twice a month and consumed medium to large amounts of alcohol (i.e., more than 1.3 ounces of absolute alcohol, which translates to almost three drinks); 29 percent of female students engaged in this behavior (Straus and Bacon, 1953). An interesting point from this study is the reluctance on the researchers' part to provide a distinct definition of a heavy drinker. In fact, they state that a person who takes five drinks in one sitting, if confined to three or four specific holidays or events a year, would not be considered a heavy drinker (Straus and Bacon, 1953). Ironically, as will be discussed later in this essay, five drinks in one sitting is the precise criterion by which heavy drinking is currently defined by the research field (U.S. Department of Health and Human Services, 1995).

The Yale researchers also documented the prevalence of negative consequences related to alcohol abuse. Among male students who drank medium to large amounts of alcohol, 62 percent of them experienced *social complications*, defined as interference with class preparation, damage to friendships, injury, and arrest due to their drinking. Interestingly, Straus and Bacon do not report on the negative consequences experienced by female college students who drink. However, from their research, they do single out the attitudes of students relative to the extent to which women of college age should drink. It was reported that two-thirds of male students and half the female students felt that college women should drink "anything and as much as they please" (Straus and Bacon, 1953). However, it also should be pointed out that the students who felt this way reported a greater frequency of drinking and quantity consumed per outing. This finding should not be surprising, however, since it can reasonably be presumed that those students with fairly high rates of alcohol use also would have more permissive attitudes toward heavy drinking by students of either gender.

The Yale study provided much needed quantitative evidence to suggest the extent of alcohol consumption by college students at the midpoint of the 20th century and suggest the consequences that were correlated with it. The study also serves as a benchmark for comparison in examining how alcohol-related consequences may have changed during the past 50 years. However, additional research at the national level would be necessary in order to document behavioral and attitudinal changes over the course of time. Unfortunately, the 1960s and 1970s witnessed a scarcity of such research, and it wasn't until the mid-1970s that a longitudinal project was initiated to monitor trends related to the substance use practices of college students.

In 1975, the *Monitoring the Future* project was established to study changes in the attitudes and behaviors of America's youth (Johnston, O'Malley, Bachman, and Schulenberg, 2004). Using funds received from the National Institute on Drug Abuse, the University of Michigan Survey Research Center annually surveys approximately 15,000-17,000 high school seniors. Of this group, a randomly selected sample from each 12th grade class receives a follow-up survey on a biannual basis with the intent of examining longitudinal trends among various groups, including college students. This survey has come to be recognized as a preeminent barometer for documenting the prevalence of alcohol and other drug use among the nation's college students. This survey, in tandem with the Core Survey (to be described in more detail later in this essay), will serve as the primary source for examining how substance use among college students has changed, if at all, during the previous three decades.

The 1980s witnessed the onset of national research specifically related to substance abuse on college campuses. From the *Monitoring the Future* studies, trends began to emerge that documented the prevalence of alcohol and other drug abuse among college students, and the negative consequences that students experienced as a result of their substance use. Before looking at the rates of substance abuse among college students during this time period, however, it is important to examine the methodology utilized in carrying out the research project.

In the *Monitoring the Future* surveys, college students are defined as high school graduates one to four years past high school that are enrolled full time in a two- or four-year college at the beginning of March during the year of survey administration. Also, approximately 1,100-1,500 respondents constitute the representative college student sample in any given year. The researchers also note that it was not until 1980 that enough follow-up years had accrued to characterize young people one to four years past high school, which is the basis for administering the survey (Johnston, et al., 1999, p. 187).

During the 1980s, one of the most heartening trends was the fact that the proportion of college students using illicit drugs (e.g., marijuana, hallucinogens, cocaine, and heroin) steadily decreased. During 1980-1984, annual usage dropped from 56 percent to 45 percent, followed by a leveling off from 1984-1986, and then a dramatic decline from 45 percent to 33 percent between 1986 and 1990 (Johnston, et al., 1999, p. 195). Even more encouraging, 30-day prevalence of marijuana use, i.e., used at least once in the past 30 days, among college students decreased continually, dropping by more than half since

1980 (from 34 percent to 14 percent in 1990). Monthly cocaine use also showed marked signs of going down, beginning with a prevalence rate of 7 percent in 1980, reaching a high point two years later (8 percent), until culminating in a substantial decline to 1 percent in 1990 (Johnston, et al., 1999, p. 196).

However, the two most discouraging trends have occurred in relation to alcohol and tobacco use among college students. In 1980, approximately 44 percent of college students had five or more drinks in a row in the two weeks prior to the survey. Ten years later, that figure dropped to only 41 percent. In fact, college students show the least decline in such behavior among three distinct populations. Between 1981 (when all three populations were very close in use) and 1992, this measure of heavy drinking dropped by 14 percent for high school seniors, by 11 percent for the non-college 19- to 22-year-olds, but by only 2 percent among college students (Johnston, et al., 1999, p. 190).

Although the prevalence of cigarette smoking among college students in the 1980s did decrease, it did not enjoy the dramatic decline found among other substances. During the early part of the 1980s, 30-day prevalence of tobacco use fell from 26 percent to 22 percent, where it remained through 1990. The daily smoking rate showed a similar pattern, as it fell from 18 percent in 1980 to almost 13 percent in 1986 and remained level until 1990, when the rate decreased to 12 percent (Johnston, et al., 1999, pp. 195-196).

The rates of alcohol and tobacco use among college students might have remained relatively unchanged during the 1980s because these substances are legal drugs in our society. As such, they have become somewhat commonplace and seemingly permeate many facets of our culture. However, before elaborating on this point, it is important to examine the final decade of the 20th century to determine if similar trends existed during that time.

The 1990s can be identified as the decade during which research that focused on college substance abuse, especially alcohol abuse, received widespread attention at the local, state, and national levels. Furthermore, the research identified not only how much alcohol and other drugs that college students were using, but also why they used various substances and the negative consequences suffered by them as a result of such use (Core Institute, 2000, online).

Nearly half a century since the Yale study, why was substance abuse on college campuses garnering so much recognition? Perhaps Donna Shalala, former Secretary of the U.S. Department of Health and Human Services, and onetime Chancellor of the University of Wisconsin, best summarized an answer.

In a 1990 interview with *Time* magazine, she was asked what the biggest problem was on her campus, to which she replied “Alcohol” (Eigen, 1991, p. 1). She was not the only campus administrator to express such sentiment. In a national survey of college and university presidents conducted that same year, 45 percent cited substance abuse, primarily alcohol, as the campus life issue of their greatest concern (Carnegie Foundation, 1990).

Fifteen years later, the issue of alcohol abuse among students remains firmly on the minds of college and university presidents. The Presidents Leadership Group, formed by the Center for College Health and Safety in Massachusetts, with assistance from the Robert Wood Johnson Foundation, was created to raise national awareness about alcohol and other drug issues on college campuses. Current and former college and university presidents from 50 campuses in 28 states participate in the Presidents Leadership Group. One of the Presidents Leadership Group's products is Be Vocal, Be Visible, Be Visionary, a collection of 13 recommendations to address alcohol abuse among college students.

In the 1990s, much of the national research on college-based alcohol and other drug abuse originated from one of two places: the Core Institute, located at Southern Illinois University at Carbondale, and the Harvard School of Public Health. Each of the findings from these two groups will be examined separately.

The Core Survey was developed in 1988 by a group of federally funded grantees that were interested in identifying an instrument that was able to assess the direct and indirect impact of their prevention efforts. Unfortunately, such a survey did not exist, so a committee was established with the intent of developing an instrument that met their needs. Almost two decades later, this survey is widely used by many of the nation's institutions of higher education as a standardized method of determining the extent of substance use and related negative consequences on their respective campuses (Presley, Austin, and Jacobs, 1998).

A number of other survey instruments also are used to varying degrees by colleges and universities during the past few years. These include surveys developed by the American College Health Association (i.e., National College Health Assessment) and the Cooperative Institutional Research Program (i.e., College Student Survey), each of which go beyond looking solely at substance abuse issues by examining broader health-related and campus life issues.

After surveying a cohort of more than 53,000 students at 78 schools, the initial set of findings by the Core Institute were released in 1993, thus providing a comprehensive overview of the prevalence of substance use by America's college students. It was revealed that approximately 42 percent of students engaged in what has come to be known as "binge drinking," defined as five or more drinks in one sitting for males, four or more for females (5+/4+ drinking). Nineteen percent of students reported three or more episodes of such behavior in the two weeks leading up to the survey (Presley, Meilman, and Lyerla, 1993). As a result of their drug use, students encountered a number of academic, social, and physical problems, including missing classes, experiencing memory loss, doing something they later regretted, or getting into a fight or argument (see Table 1).

Of course, alcohol was not the only substance being used by college students in the 1990s. The first set of findings from the Core Institute indicated that students, on at least

an annual basis, were using a number of other drugs. For instance, more than one-third of students used tobacco, while 23 percent of students used marijuana at least once in the previous year. Cocaine (7 percent), amphetamines (5 percent), and hallucinogens (4 percent) round out the six drugs most often used by the nation's college students (Presley, et al., 1993).

In 1998, another set of findings were released by the Core Institute, drawing from a sample of more than 89,000 students at 171 colleges and universities. However, the new data were even more comprehensive and able to provide specific details related to students' substance use during the mid-1990s. As was the case earlier in the decade, almost 42 percent of students engaged in binge drinking. In fact, the rate of heavy drinking was highest in 1997, when nearly 46 percent of students participated in this behavior, and 32 percent reported doing so on two or more occasions (Presley, Leichliter, and Meilman, 1998, p. 6). Interestingly, although substance abuse seemed to increase as the 1990s wore on, some of the negative consequences reported earlier in the 1990s remained stable, or in some cases, decreased slightly (see Table 1).

The use of other drugs also appeared to be on the rise. For example, 44 percent of college students used tobacco at least once during the year prior to the survey, and 31 percent of students used marijuana. In each of these cases, prevalence increased from where it was only five years previously. However, statistics from the mid-1990s paint an even more specific picture, since they provide current prevalence rates of these substances. Additional data from the Core Institute indicate that 34 percent of students were current tobacco users and almost 19 percent were current marijuana users (Presley, et al., 1998). These figures will provide a point of comparison when similar data from the latter part of the decade are examined.

The most recent data to be released by the Core Institute are the result of a survey of more than 68,000 students at 133 colleges and universities. By far, alcohol remains the most popular drug of choice among America's college students, with 72 percent reporting current use and almost 49 percent having engaged in high-risk drinking, 5+ drinks per occasion, at least once during the two-week period prior to the survey (Core Institute, 2004). As can be expected, since rates of such drinking increased between 1996 and 2004, the incidence of negative consequences associated with such behavior also rose (see Table 1).

Table 1 – Negative Consequences Related to Alcohol and Other Drug Use

	1989-1991	1996	1999	2004
Performed poorly on test	24%	21%	23%	24%
Missed a class	30%	30%	33%	33%
Suffered a memory loss	28%	28%	33%	34%
Did something later regretted	39%	36%	39%	39%
Got into an argument or fight	33%	29%	31%	34%
Were hurt or injured	16%	13%	15%	16%

Source: Core Institute, online (www.siu.edu/~coreinst), 2004

Compared to findings from the mid-1990s, other drug use on college campuses does not appear to be significantly declining, as shown by the number of students who currently use tobacco or marijuana. For instance, almost 32 percent of students surveyed in 2004 currently use tobacco, compared to 34 percent in 1998; 19 percent of students in 2004 are current users of marijuana, as in 1998 (Core Institute, 2004).

The Harvard School of Public Health also conducted a national study that took place in the 1990s. This study first examined the prevalence of college students' binge drinking and behavioral consequences related to their alcohol abuse in 1993, with a follow-up study conducted in 1997. The initial findings were based on a cohort of more than 17,000 students at 140 colleges and universities (Wechsler, Davenport, Dowdall, Moeykens, and Castillo, 1994). The latter study involved a cohort of more than 14,000 students at 130 schools (Wechsler, Dowdall, Maenner, Gledhill-Hoyt, and Lee, 1998). The key findings from each of the two surveys are summarized below.

One of the primary differences between the Core Institute and Harvard studies centers on the definition of binge drinking. Whereas the Core Institute defines binge drinking as five or more drinks in one sitting, the Harvard researchers incorporate a gender differential into their study. Specifically, the Harvard study defines binge drinking as the consumption of at least five drinks in a row for men or four drinks in a row for women¹. This amended definition takes into account the gender differences in alcohol metabolism and body mass. According to the Harvard researchers, "...using a gender-specific definition of binge drinking made the risk of alcohol-related problems equivalent for college men and women" (Wechsler, et al., 1998, p. 57). The 1993 study found that 44 percent of the students surveyed were binge drinkers, and that about half of this group, or one in five students overall, were frequent binge drinkers who binged three or more times in a two-week period (Wechsler, et al., 1994, p. 1675).

The 1993 Harvard study also was able to identify some of the alcohol-related problems experienced by the nation's college students, even among those who were considered infrequent binge drinkers, i.e., students who binged one or two times in a two-week period. For instance, in the year prior to the survey, 37 percent of these students did something they later regretted, 30 percent missed a class, and 26 forgot where they were or what they did. Furthermore, the Harvard researchers documented a definitive relationship between the frequency of binge drinking and alcohol-related problems. Specifically, the findings indicated that frequent binge drinkers were 7 to 10 times more likely than the non-binge drinkers not to use protection when having sex, to engage in unplanned sexual activity, get into trouble with campus police, damage property, or get hurt or injured (Wechsler, et al., 1994).

¹ Following the release of the Harvard study, the term "binge drinking" received widespread usage by the mainstream media to describe alcohol abuse among college students. However, the term has met with increasing criticism by campus- and community-based prevention practitioners because it does not take into account the time period over which alcohol is consumed or the drinker's body weight.

One of the noteworthy findings to come out of the Harvard study was the relationship between students' binge drinking in high school and college. Although most students reported the same drinking behavior in high school as in college, the 1993 study showed that 22 percent of the students were binge drinkers in college, but not in high school (Wechsler, et al., 1994). This statistic begs the question: what is it about the campus culture that may contribute to or encourage high-risk drinking behavior? This issue is examined in more detail later in this essay.

The second Harvard study found little difference in the percentage of America's college students that were binge drinkers. In 1997, approximately two of five (43 percent) were binge drinkers, with equal proportions of occasional and frequent binge drinkers. However, the follow-up study did document an increase in the number of nonusers (from 16 to 19 percent). Additionally, more students appeared to be frequent binge drinkers in 1997 than in 1993, showing a minor increase from 20 to 21 percent (Wechsler, H., Dowdall, G.W., Maenner, G., Gledhill-Hoyt, J., and Lee, H., 1998). Therefore, it seems that while the number of binge-drinking students did not decrease significantly, there was a polarization of students to either the nonusing or frequent binge drinking ends of the spectrum.

By conducting a follow-up to their initial survey in 1993, the Harvard researchers were able to compare differences in the prevalence of alcohol-related problems among college students who engaged in binge drinking. The 1997 study indicates an increase in each of the problems identified in 1993. Specifically, within the past year, 41 percent of occasional binge drinkers did something they later regretted, 33 percent missed a class, and 29 forgot where they were or what they did (Wechsler, et al., 1998). According to this study, even as rates of binge drinking remain relatively stable, as they did between 1993 and 1997, it is apparent that negative consequences can increasingly occur.

The findings from all of these national studies, taken individually and collectively, are an indication that substance abuse among college students, especially alcohol abuse, should be of great concern to members of college campuses and their surrounding communities. In fact, these statistics from the past 50 years illustrate that substance abuse is indeed on the rise for this population, made even more evident by recent research. According to the Monitoring the Future surveys, the use of illicit drugs, primarily marijuana, rose by almost 5 percent among college students between 1991 and 1997 (*Illegal Drugs on Campus*, 2000). Furthermore, research from the Harvard School of Public Health shows that heavy drinking by college students increased during the latter portion of the 1990s (Wechsler, Lee, Kuo, and Lee, 2000, p. 207).

Reasons for Drinking

While these facts and figures document the prevalence of alcohol and other drug use on college campuses during the second half of the 20th century, they do not provide a rationale for why college students engage in this behavior. Although most of the studies cited for this essay focus primarily on usage rates, two of them also offer some insight into the reasons that college students gave for their use of alcohol and other drugs.

Fifty years ago, researchers found that “enjoyment of taste” led the list of motivations for drinking, as reported by both male and female students (Straus and Bacon, 1953, p. 70). That sentiment is very different from the reason that current students give for drinking, evidenced by surveys conducted during the 1990s. According to researchers at the Harvard School of Public Health, of those students who drank alcohol during the year prior to the survey, “getting drunk” was stated as an important reason for drinking by 40 percent of students in 1993 and 52 percent of students in 1997 (Wechsler, et al., 2000, p. 199).

Such a shift in motivational behavior begs the question of whether or not college students’ reasons for drinking have really changed that much during the past half-century. The answer is not as clear-cut as some would think. Going to college has always been a time for exerting independence from parental control, expressing newfound freedoms, and trying to conform to a new set of peers. Set within this context, alcohol often has played a role in each of these factors, as students tend to exhibit their rebelliousness against authority (i.e., parents and college administrators) and desire to “fit in” with new friends. However, college students’ pursuit of “drinking to get drunk” seems to have been raised in the nation’s collective consciousness only recently.

It seems that the general public has always made a connection, real or perceived, between college students and *wild parties* involving alcohol. So it is odd that we are surprised or shocked when students explicitly state drunkenness as a goal when drinking. Can it be that college students through the years have always been in pursuit of this altered state, and yet only in the last decade of the 20th century are such sentiments expressed? In the 1950s, 72 percent of male students and 69 percent of female students stated that they drank because they liked the taste of alcohol. During that time in American history, perhaps it was more socially unacceptable for students to get drunk, especially in public, and that may have had an effect on the reasons that students gave for drinking. Drinking alcohol simply because one likes the taste of it seems much more socially acceptable than drinking to get drunk; perhaps college students of the mid-20th century were attuned to this judgment. Today’s students seem much more open and frank in their viewpoints. As much as society may disapprove of their alcohol-related behavior, can it be that students of the past decade are more honest than their counterparts of 50 years ago, at least in terms of their reasons for drinking?

College students of the present generation have been raised by parents who were adolescents and young adults during the 1960s and 1970s, many of whom experimented with drugs when they were kids (Califano and Booth, 1996). As such, today’s parents may be more tolerant of their children’s behavior, because they experienced similar activities 30 years ago. Furthermore, 40 percent of parents also think that they have little influence over their child’s decision to use drugs or not (Califano and Booth, 1996, p. 13). Perhaps the so-called “Woodstock” generation, complete with its reputed penchant for drug abuse, feels hypocritical and helpless in taking a firm stance against underage drinking and drug abuse during this latter part of the 20th century. Unfortunately, such attitudes within the home may undermine the prevention messages being promoted not only on college campuses, but also in elementary and secondary schools.

As referenced in the forward to this monograph, the explanation of why students drink is a provocative question and one for which the answer lies somewhere in the confluence of several possible explanations.

A History of Prevention

Campus-based substance abuse prevention efforts have gone through many iterations. This evolution has been made necessary as strategies are examined for effectiveness and either retained with additional enhancements for success or abandoned due to being deemed ineffectual because of unsubstantiated results. The final section of this essay will examine some of the substance abuse prevention models that have existed during the past 50 years, with special emphasis on why they met with success or failure.

The 1960s and 1970s saw the creation of the *Information Only Model*, which was intended to educate young people about drugs, assuming that such substances were being used due to ignorance of the negative consequences related to drug use (Norman and Turner, 1993). The thought behind this strategy was that increased knowledge would lead to a change in attitude, which in turn would result in behavior change. Although it has been shown to affect knowledge, this model used alone does not affect substance-using behaviors very effectively (Harding, 1996). Consequently, it is not surprising that this model did not produce substantial decreases in the substance use behaviors of collegians. Knowledge alone does not seem to be sufficient in prevention efforts targeted toward college students, because they may not acknowledge the issue as relevant and worthy of their attention.

During the early 1980s, the *Information Only Model* gave way to the *Alternatives Model*, which was intended to reduce alcohol and other drug use by involving young people in non-drug related activities (Norman and Turner, 1993). This prevention model was predicated on the assumption that participation in alternative activities would counter the tendency to use substances. Again, little, if any, research exists to prove the effectiveness of this strategy as a stand-alone approach to prevention substance abuse. If campus-based prevention practitioners were to consider implementing this model as its sole means of prevention, then they also must ask themselves what the enticement is for students to participate in these alternative activities. As with the *Information Only Model*, the *Alternatives Model* has not appeared to work with the college-age population because students may not harbor any form of personal investment in such activities, especially when there is a wealth of off-campus events to attract their attention.

The mid-1980s saw the creation of the *Social Competency Model*, which presumed that adolescents and young adults used drugs because of low self-esteem and inappropriate values, and lacked adequate decision-making skills. In other words, if young people were assisted in developing such abilities, they would make “correct” choices concerning substance use, i.e., not use alcohol or other drugs. Research evaluations of this model have demonstrated no support of the effectiveness of this strategy to prevent or decrease substance use (Harding, 1996).

Although the three preceding models alone lack documented success in preventing alcohol and other drug abuse, they were instrumental in helping to establish a framework for prevention that focused on comprehensiveness, as evidenced by research from the past 20 years. In the late 1980s, the *Social Environmental Model* moved the substance abuse prevention field in the direction of placing more emphasis on the role of the family, school climate, and community-at-large, since peers, parents, and media were seen as influential in a person's decision to use alcohol or other drugs (Norman and Turner, 1993, p. 11). The difference between this model and previous prevention strategies can be seen in the development of skills for young people. Rather than solely offering information or alternative activities, the *Social Environment Model* focused on prevention strategies intended to provide young people with the skills necessary to perceive and resist the negative influences that existed within their surroundings. Might this be an appropriate point to insert a statement about this being a precursor or environmental management strategies? We can then reference a specific essay in the monograph for more on this.

The late 1980s and early 1990s witnessed the development of the *Public Health Model*, which provided a comprehensive framework for examining substance abuse and developing appropriate strategies to prevent problems related to alcohol and other drugs. This model took a broader look at substance abuse problems, with the realization that alcohol and other drug abuse must be viewed as affecting not only the individual student, but also the whole environment in which the student interacted on a daily basis (Harding, 1996).

Within a public health context, the *Risk and Protection Model* has emerged from the mid-1990s as a prevention strategy with promise. Essentially, this model divides the risk of drug abuse into two categories involving individual and contextual factors. Individual factors include physiological factors, family alcohol and other drug behavior and attitudes, low degree of commitment to school, and association with drug-using peers. Contextual factors include norms favorable toward use, availability of alcohol and other drugs, and neighborhood disorganization (Hawkins, J.D., Catalano, R.F., and Miller, J.Y., 1992). By reducing risk factors and enhancing protective factors, such as changing student perceptions of normative behavior in their peer group and enforcing school policy, college campuses are in a position to prevent substance abuse among their students (Harding, 1996, p. 17).

Two other prevention strategies also bear mentioning, due to the relative popularity that each has enjoyed on college campuses; the first is the philosophy of responsible drinking, the second is social norms programming. At first glance, the strategy of responsible drinking appears to be a direct approach to alcohol abuse prevention; however, it is much more difficult than it seems. The foremost flaw with this prevention approach is that, as people drink and reach varying stages of decision-making, the ability to make clear and unimpaired decisions is hampered by the amount of alcohol consumed. Additionally, the philosophy of responsible drinking basically places the entire public health burden on the individual student as opposed to the environment. Because the word "responsible" means different things to each individual, there is little to no opportunity for clear and consistent prevention messages that can be promoted to all students.

Also, some responsible drinking programs do not discourage alcohol use in any quantity or frequency except prior to driving an automobile, implying that driving while intoxicated is the sole alcohol problem facing society. These programs not only tend to ignore that nonuse of alcohol is always an option for people, but also overlook the issue of underage drinking and the potential health and social ramifications of such behavior. As a result, many responsible drinking educational efforts may have a neutral, if not negative, effect on preventing alcohol problems in the college community (Harding, 1996, p. 83).

During the 1990s, the application of social norms theory on college campuses has appeared to be one of the more promising approaches to preventing alcohol and other drug abuse among college students. Basically, college students have definite perceptions about the drug-related behaviors and attitudes of other students, which, in turn, influence their own pattern of use. However, these beliefs about the substance use of their friends are often incorrect. In other words, most students think that their peers are using more alcohol and other drugs than they really are (Harding, 1996, p. 12).

Several colleges and universities have found that by reducing misperceptions of substance use prevalence held by students on their respective campuses, the actual rates of alcohol and other drug use also decrease. The campuses that have found success with this prevention strategy implemented a multifaceted mass media campaign, using campus-based newspapers and radio stations, print materials such as brochures, fliers, and posters, and large gatherings, such as sporting and cultural events, to debunk unhealthy misperceptions harbored by the general student body. Campuses that have found positive results by implementing a social norms campaign include Hobart and William Smith Colleges (21 percent reduction in actual frequent heavy drinking), University of Arizona (29 percent decline in heavy drinking over a three-year period), and Western Washington University (20 percent decrease in high-risk consumption) (Higher Education Center, 2000). Further research is necessary to determine the effectiveness of social norms programming within specific social groups on campus, including Greek letter organizations and athletic teams, and the plausibility of incorporating nonuse messages within norm misperceptions campaigns.

Discussion

This essay has provided an overview of the prevalence of alcohol and other drug use on college campuses during the past 50 years, suggested reasons given by students for using these substances, and a consideration of the history and evolution of campus-based drug abuse prevention strategies. Through this examination, it has become evident that substance abuse among college students, especially alcohol abuse, has not seen the significant reductions evidenced among other populations, such as high school seniors and 19- to 22-year-olds not enrolled in college. In fact, to the contrary, there has been an increase in heavy drinking among college students despite campus- and community-based efforts to prevent such behavior.

College campuses are faced with a multitude of challenges in trying to prevent alcohol and other drug abuse among the student body. Arguably, the biggest challenge stems

from the developmental stage of students, especially first-year students, when they arrive on campus. The opportunity to be independent of parental control, the desire to conform with the perceived norms of social groups, and the insecurity of a new and intimidating setting all make a student vulnerable, and may contribute to substance use in general and abuse specifically. It is important for campus administrators to examine ways in which these risk factors can be addressed effectively to minimize the harm that can result from alcohol and other drug abuse.

Institutions of higher education also must contend with mixed messages that are promoted at home and in the community. For example, there appears to be a prevailing notion that alcohol abuse in the college setting is a “rite of passage,” through which most students pass with a minimum amount of harm to themselves or others. While it is true that most college students who use alcohol probably started drinking in high school, and their current alcohol use is a continuation of that behavior, some drinkers don’t start until they reach college. Research conducted by the Harvard School of Public Health has indicated that 22 percent of students were not high-risk drinkers in high school, but did engage in this behavior in college (Wechsler, et al., 1994). It is imperative for college- and community-based officials to examine the campus culture and identify risk factors that contribute to substance abuse and the protective factors that prevent it.

Part of the difficulty faced by institutions of higher education is in determining what exactly it is they are trying to prevent. From an idealistic viewpoint, is it the complete elimination of underage drinking? From a realistic perspective, is it a reduction in heavy drinking, implying that moderate drinking is acceptable, even among students under the minimum legal drinking age? Since alcohol and tobacco are legal substances for students of the appropriate age, should prevention efforts be focused on illicit drugs, such as marijuana, heroin, ecstasy, and cocaine? These are difficult questions that arise when dealing with the topic of substance abuse on college campuses. However, they must be asked and thoroughly examined if institutions of higher education are going to make appreciable advances in preventing alcohol and other drug abuse among their students.

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When They Drink: Alcohol and the First-Year Experience as Seen by Students

By Robert J. Chapman, PhD & Alexandra Zaballero

I knew alcohol and parties were a big part of college, and I guess that's something that everyone looks for when coming...
20-year-old sophomore (female)

There are numerous reports indicating that college students drink alcohol when they first experience the independence of college, but few reports present a student's perspective on this phenomenon. This essay presents an insider's view of collegiate drinking and explores how it shapes a student's college experience.

Survey research is unnecessary to alert educators, parents, or prospective collegians that under-aged adolescents experiment with alcohol during high school. In fact, under-aged drinking is so common as to lead many to regard it as an adolescent rite of passage. Consequently, many high-school students are experienced drinkers with a familiarity with the effects of alcohol and an established—albeit naive—sense of how alcohol affects their behavior. Coupled with the common adolescent belief of personal indestructibility, or what students call the “bullet-proof syndrome,” drinking alcoholic beverages has become well ensconced in the high-school graduate's expectations of an active collegiate social life.

Although this essay is concerned with the onset of high-risk collegiate drinking, what of the transition from high school to a post-secondary education? Do a graduating student's perceptions of the role of drinking in a typical collegiate experience affect the entering student's understanding of successful social intercourse in higher education today? For the first-year residential student, is the physical separation from parents significant with regards to the way alcohol is viewed or the role it is perceived to play in collegiate life? Is deciding how much to drink, when to drink, and under what circumstances is drinking appropriate? These questions are of intense interest to researchers and student affairs professionals alike and will be explored further in this monograph.

Drinking Expectations upon Campus Arrival

A decision to attend college—and if so, which school—involves students with many and varied factors. The more impressive their high-school grades and class rank, Scholastic Aptitude Test scores, and financial resources, the more divergent the pool of potential colleges and universities from which the student can choose and expect serious consideration. Geographical preferences, academic specialties, and athletic opportunities are among the factors that will affect the student's decision when choosing a college. Yet students report that a final decision as to where to enroll is often influenced by such subjective criteria as the “sense of community” they experienced when visiting a campus, the physical appearance of the collegiate environment, or other subjective criteria like the “feelings” they received when interacting with students during a campus visit.

I know when I came up for weekends to look at the school, the big thing to do was ... just go party with whomever you were rooming with. ... I did the same thing last year. ... I had three or four kids stay over and because of being in a fraternity, I'd take them over to the house. ... This is where all the fun is, over here at our house.

19-year-old sophomore (male)

Frequently, students speak of the opportunity for socializing as being a significant factor in their final decision as to which school to attend...and they perceive drinking will be an important part of the collegiate social scene. A student's perception of an institution's community—and the opportunity to be included in that community—is an important factor in the decision-making process when choosing a college to attend.

The student's belief that his fraternity house was *where the fun was* is exactly the issue. Not only do such experiences influence an applicant's decision about which school to attend, but also they reinforce the expectation that partying and the use of alcohol are integral parts of the experience when students arrive for their first semester on campus. Thus, the acculturation process and the understanding of the role alcohol will play actually begin before a potential student arrives on campus. Such interactions with current students may well introduce expectations about partying that confirm perceptions about drinking and the role it plays in locating *where all the fun is* on campus.

Yet, not all students have such first hand experiences. Some suggest that their expectations of college in general and drinking specifically came from the popular culture. Pop culture appears to play a large role in the probability that entering students will view alcohol as both a frequent and focal element in their collegiate experiences:

People are just affected by the media, by the articles they read, by the [TV] specials on campuses and alcohol. ... Kids are seeing that and the parents are saying, 'That's terrible!' The kids are like, 'Yeah, I want to go to college!'

—21-year-old graduating senior (female)

Given American youth's proclivity for watching television, cable, and DVD's, often with a drinking focus, these comments are not surprising. What this student seems to be indicating in this statement is the impact the media can have on shaping the way students come to understand the confluence of college and drinking. The media's influence on student perceptions is the result of an individual student's interaction with the popular culture as well as others in his or her social group exposed to the same pop culture outlets. As students observe members of a peer group—an actual peer group or an MTV *Spring Break* special—demonstrate the connection between drinking and collegiate fun, so too do they learn to view the item or event in question according to this interaction: we know what we learn and we learn what we're taught. *Animal House* (1978) is excellent example of this interaction. Although students will readily acknowledge that they recognize the film as a farce and its representation of college life as exaggerated, they nonetheless consistently use it to label and articulate their expectations of collegiate drinking.

When asked about the source of this perception, the 21-year-old graduating woman quipped: "Movies. You see them in high school. When you're in high school [drinking] goes on too, and you figure when you get to college there's not going to be any parents there, and it's going to be like *Animal House*."

The Harvard School of Public health's now famous *College Alcohol Study* has consistently documented the belief that college students *like to drink*. These biennial evaluations of collegiate-drinking practices and the resulting scholarly articles and popular news stories clearly place drinking on the short list of valued pastimes for many collegians.

When interacting with students at a particular institution being considered for admission, students tend to confirm the meaning they have already attached to *collegiate life*. To the extent that their perceptions are confirmed, the student is likely to believe that "this is the school for me." This proclivity towards confirmation bias not only confirms the student's pre-arrival expectation that this is the "right" school, but the student is now primed to arrive on campus in the fall as a first-year student with expectations tantamount to a self-fulfilling prophecy. In short, students arrive expecting alcohol and its consumption to play a significant role in their collegiate experience. This is similar to student comments reported earlier in this essay. A 20-year-old junior was quite poignant in his recollections of high-school drinking and his expectations of college:

In high school, you always had to wait 'til somebody's parents went out. ... [When] you think of college, you just think of a house full of people with beer everywhere, and I definitely figured drinking would be on a lot bigger scale. I figured there'd be kegs all over the place.

And this from a student who also reported that he: "wanted to come ... to get a good education." It is clear from his statements that this student assigned similar meaning to collegiate drinking, as did other students cited in this essay. It is interesting to note, as an aside, that his description of a college party is remarkably similar to the toga party scene in *Animal House*. It is therefore not surprising to encounter a student account of his arrival on campus and the apparent role these expectations played in his progression through the early days on campus: "even before classes started, I was introduced to drinking. Before I even set foot into the dormitory, I was introduced to alcohol and partying."

First-Year Student Drinking Experiences

Although students report alcohol as playing a significant role in collegiate life, juniors and seniors indicate that alcohol and the rituals associated with its consumption were more important for them as entering first-year students and to a lesser extent, returning sophomores. Note the focus of this graduating senior who spoke openly of her relationship with alcohol during her first-year and the importance it played in her establishing a sense of belonging:

Everyone would just be drinking together and it was like this pseudo-bond that went on and you just became instant friends because you were getting bombed together. ... In the early years of college, freshman-sophomore years, alcohol plays a very, very important role in a college students' life.

Her recollection is typical of students when talking about their first year in college. However, speaking as a senior, she seemed to review those first-year recollections and recant as she became aware of their absurdity:

When I was a freshman and going to other schools to visit other chapters of my sorority it was like we had the common bond of the sorority, which was first and foremost. But then we'd all start drinking together and it was just like, "I love you," which is so ridiculous. You get this feeling like you love everybody!

This collegian seems to suggest that first-year students expect alcohol to play a role in initiating social contacts and negotiating a successful transition into collegiate life, and that this would not only be important at one's own school, but generalized to interactions at other schools as well. Thus, alcohol is viewed as a means to an end: social contact and drinking become the behaviors that ensure such contact as well as social success.

Entering first-year students frequently find themselves being one individual in a much larger academic class than they were used to in high school and they are acquainted with few if any of these new peers. Consequently, drinking is often perceived to provide the means to bolster this entering student's confidence and encourage the risk taking necessary to make new social contacts. If alcohol was a social lubricant in high school, it may be perceived as a social necessity in the early weeks of college.

An eighteen-year-old first-year student majoring in Psychology spoke nervously of the pressure he felt from not knowing anyone on campus when he arrived. He spoke of the first-year student's belief that alcohol provides a vehicle by which one can venture out socially into the campus culture:

I think that drinking's a means to get friends. It sort of loosens them, so maybe they can be the person they really want to be and can't be without the effects.

This individual not only gives voice to what other students tend to think, but apparently empowers alcohol with the ability to garner friendship and allow students to be the person they want to be. This speaks to the elevation of alcohol for the entering student from a social lubricant to becoming the social vehicle.

As these students talk about a similar understanding of alcohol and its primacy, the process by which this meaning is forged is outlined. The students speak of what they observe or experience when they interact with a peer who happened to be drinking, and it is through these interactions that these students convey meaning on alcohol and drinking. As this meaning is realized, the student becomes more comfortable. The shared experience enables them to habituate to the collegiate experience.

But relying on alcohol to assuage the social anxiety of the early weeks of college does have its downside. A junior majoring in finance and international studies addresses this as he recounts his concerns about a friend in this statement:

My one friend, she's very shy, and she's a riot with our group of friends, but when we're out at parties, she's really quiet and reserved. And then, I'll notice that she'll drink more than everybody else, and then, by the end of the night, she's drunk, and everything's just coming out of her mouth. She'll walk up to anybody.

For first-year students, the transition from living at home and attending high school to moving to the dorms and going to college presents a need to reassess approaches to many situations, most notably socializing, that were heretofore taken for granted (Reference to another essay(s) in the monograph will be made here).

Just as college affords students the opportunity to leave home and parental restrictions, so does it remove them from the familiar surroundings and numerous acquaintances that ensured a sense of belonging and social connection. Upon arriving on campus, students are immediately presented with the need to generate new social contacts to make up for a likely scattered cohort of high-school friends. However, such opportunity on so grand a scale can result in the opposite effect for some. This confluence of freedom, alcohol's expected role, and the desire to establish new social contacts leaves many first-year students distracted from the academic purpose of higher education as they tend to react impulsively to this independence rather than view it as the opportunity to assertively express themselves:

[Students are] on their own. They have the freedom to do whatever they want, come in whenever they want. There are parties going on all the time, especially the first couple weeks of school, and they're here to have a good time. They're not even really considering their studies.

—20-year old junior (male)

The confluence of an initial belief that drinking is synonymous with collegiate socializing, an anticipation of total independence once on campus, and finding oneself immersed in a peer community holding similar beliefs leads first-year students to look for a college experience that is rife with partying. Students speak of alcohol as if it delivers the expected experience and drinking as if it ensures social success. It is such meaning given to alcohol and drinking by first-year students that results in many of the behaviors which have come to symbolize collegiate drinking.

This first-year student expresses this perspective when musing about his pre-arrival expectations of alcohol on campus:

I knew that no matter how dry the campus was supposed to be or what the alcohol policy was, there were ways that alcohol could be brought in. It's always been a

factor of campus life. Alcohol's always been present, and there [are] always ways to work yourself around the system.

These students do not seem to be questioning what is *real* about alcohol or what they *know* about drinking. Rather, it would appear that they take drinking for granted as a given part of the college experience. Then, it is not whether this *assumed* part of the collegiate experience will be a part of *their* first-year experience, but rather the extent to which it will become a part of their social repertoire and approach to coping with the rigors of collegiate life.

If students arrive on campus with generalized expectations of alcohol's role in college life, these expectations are confirmed as the student observes the drinking behaviors of their first- and second-year peers. In essence, the meaning generated by this interaction with the campus community and peers adds depth and perspective to a previously amorphous view of collegiate life and the role to be played by alcohol and its consumption. This process is tantamount to the student's social construction of reality.

Discussion

Listening to students as they reflect on their pre-admission and early first-year expectations of experiences with alcohol suggest several junctures (and one significant difference) with the literature on collegiate drinking. It is clear from what students say that they had been exposed to alcohol and drinking while in high school. Most acknowledged that they had been moderate drinkers. A few stated that they drank more. However, all indicated that they drank by the time they spoke with the authors and had expected that alcohol would play a significant role in their collegiate experience as they anticipated the beginning of their undergraduate career.

It is suggested that these expectations stem from a perceived freedom and a vision of collegiate life as witnessed through media inculcation or pop culture exposure or media clichés. The confluence of the perceived independence of college living with the lessons of the popular culture has resulted in a generation of contemporary collegians who could be said to be, the *Grandchildren of Animal House*.

This is consistent with reports found in the literature of both higher education and alcohol studies. What is different, and comes only from insider accounts of pre-arrival expectations, is the effect of popular culture on contemporary student expectations regarding collegiate drinking. From Hollywood's *Animal House* to cable's *MTV Spring Break*, contemporary students are inundated with drinking messages. One thing seems clear when considering the pre-arrival expectations of college life by students...the extent to which such pop-culture icons have influenced their expectations.

Student expectations of drinking in the successful social life of a contemporary collegian are often set by the time they arrive on campus. Given the sources of information to which they attribute their specious views on collegiate drinking, it becomes clear why students often arrive on campus holding misperceptions about the social norms of college life.

The stress related to making the transition from home to college is real. However, while the relocation from home to campus as a transitional event in the psychosocial development of adolescents is stressful (See J. Taylor essay), students who were interviewed perceived the relocation as more akin to the cross-cultural experience of *culture shock* than a developmental transition. This view of entering college and the initial experiences of the first year can have profound implication for the student's level of comfort during the early semesters of college. Though the new life they have away at school is full of freedom, they themselves state that their drinking is, at times, a conscious attempt to assuage the stress related to assimilating into the campus culture.

Contemporary collegians appear to have attached particular meaning to alcohol in general and to the consumption of alcohol specifically. Along with the belief that alcohol was an effective way to mitigate collegiate stress, it also appears to have been perceived as an indication of their independence. Put another way, first-year students look at drinking as an overt attempt to be assertive and express their independence. This is a view of alcohol and drinking that does not surface in the student-development literature.

Students display varying levels of adjustment to collegiate life and their newfound freedom and their social and academic success is largely based on the extent to which their relationship with their parent(s) is secure. Such parent-child relationships suggest a better, more comfortable transition (Winter & Yaffe, 2000). On the other hand, insecure, attached students choose more reactive and suppressive forms of problem coping (Pennebaker, Colder & Sharpe; 1990). Consequently, parenting style may support certain predictions regarding student behavior during their inaugural year in college.

Students report their awareness of the absence of parental supervision and indicate that it is this absence that prompts some to intentionally *drink to get drunk*. Given higher education's current bent to reject the premise that the college or university should serve as surrogate parents, students may have realized that they are likely to experience collegiate life unfettered by adult supervision. Consequently, views on personal freedom, for students, include the primacy of alcohol as a substance and drinking as a behavior.

Conclusion

Collegians appear to be telling us that they understand the symbols that alcohol and drinking have become for students. Since these meanings are not present on the first day of classes, there must be some process by which this understanding is developed.

It would appear that as students arrive on campus, fresh from their high-school experiences and rife with preconceived expectations of college and collegiate drinking, they are placed in a situation where they begin to interact with other students and their preconceived expectations. This interaction, occurring in the social milieu of the college campus, especially the resident hall, presents the student with a first-hand opportunity to experience the collegiate environment. This results in the social construction of the student's reality. In essence, the expectations of a collegiate life are tested as students compare and contrast them with their actual experiences. Consequently, the symbols of

alcohol and drinking are given specific meaning as students interact with their peers in an environment absent of parental control where they act on their newfound freedom accordingly.

This may offer the opportunity to observe student behavior regarding alcohol and drinking, thereby providing a better understand of collegiate drinking. Students establish the meaning of alcohol and drinking as the result of their social interactions with one another in high school, and now that they are in college, through their interactions with other collegians as well. All too often, these social interactions are exclusively with other students—and for first-year students this interaction may be almost exclusively with other *first- and second-year students*—and therefore their understanding of alcohol and drinking develops unfettered by any alternative views or use. Just as a child will develop language skills similar to those of the family in which it is raised, regardless of the dominant language spoken in the general community, so will the student establish meaning for alcohol and drinking based upon the interactions with the dominant peer group.

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Empowering Change in Collegiate Drinking Patterns: Where have all the Professors Gone?

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In the last three decades, alcohol and other drug prevention has matured as a research-based science, the result being that much has been learned about the requirements for effective prevention programming. Under the leadership of the National Institute on Drug Abuse (2003), principles for research-based drug abuse prevention programs at the community level have been articulated concerning risk factors and protective factors, prevention planning and prevention program delivery. Program design features for universal, selective and indicated audiences have been identified. Universal programs are designed for the general population, selective programs target groups at risk or subsets of the general population, and indicated programs are designed for people already using drugs. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) Task Force (2002) recommended a “3-in-1” Framework to target three primary audiences at the collegiate level: individual students, including high-risk drinkers, the student body as a whole, and the surrounding community.

Three broad approaches, i.e., controlling supply, affecting demand, and reducing harm associated with use, more often referred to as harm reduction, underlie contemporary prevention efforts. In collegiate prevention, supply reduction frequently takes the form of policy development and enforcement. Demand reduction includes primary prevention efforts to discourage the initiation of alcohol/other drug (AOD) use, secondary prevention initiatives to discourage the progression of AOD use to habituation, abuse and addiction, and tertiary prevention programming to intervene with affected students through identification, referral, and treatment. Harm reduction models attempt to minimize the problems associated with AOD use and may include such approaches as designated driver and safe-ride programs. Risk-focused prevention programs help individuals in identifying risks and teach students coping skills. Normative assessment and education programs, what are commonly referred to in the field as *social norms* programs⁴, provide information to students that the true extent of AOD use is less than they think, and thereby lessen the pressure to use. It is widely understood that prevention messages steeped in negative information, what are often referred to as “scare tactics” may be counterproductive and that drug information alone is unlikely to cause changes in personal behavior (Inaba & Cohen, 2004). The impact of drinking norms upon student drinking in the larger community that expands beyond the campus is now more fully understood. In addition, the contribution of a student’s previous experiences with alcohol

⁴ See *The Social Norms Approach to College Student Drinkers: Its History and Implications for College Health Promotion* in this monograph for more on *social norms* as a model of prevention.

in middle and high school is also now recognized as a mitigating factor, affecting collegiate drinking practices.

Although “binge drinking,”⁵ i.e., four or more drinks for males and five or more for females in a two-hour period, is a phenomenon frequently viewed by the public as being associated with college students, it is common among most strata of US adults, including those aged 26 years and above. Per capita binge drinking episodes have increased, particularly since 1995 (Naimi, et al., 2003). The results of the Behavioral Risk Factor Surveillance System, a random-digit telephone survey of adults aged 18 years or older conducted annually in all states, found that between 1993 and 2001, the total number of binge-drinking episodes among US adults increased from approximately 1.2 billion to 1.5 billion. Annual per capita binge-drinking episodes increased by 17 percent with the period between 1995 and 2001 seeing a 35percent increase in binge-drinking episodes per person per year. Men accounted for 81 percent of binge-drinking episodes. Although rates of binge-drinking episodes were highest among those aged 18 to 25 years, 69 percent of binge-drinking episodes occurred among those aged 26 years or older. Almost half of binge-drinking episodes occurred among otherwise moderate drinkers, and almost 75 percent of all binge drinkers were moderate drinkers. Binge drinkers were 14 times more likely to drive while impaired compared with non-binge drinkers.

Although others may naively view college personnel and students as isolated from the normative expectations in the larger community—and this may well be a position echoed by these members of the collegiate community—the drinking patterns of college students are likely to be affected, significantly, by drinking norms in the greater social community surrounding campus. Add to this that the attitudes of faculty about drinking are rarely surveyed and it has therefore been tacitly accepted that they have little or no role to play in changing campus drinking norms.

It is likely that the personal use histories of students making the transition from high school to college, and the expectations that they bring regarding collegiate drinking, will affect their AOD use as college students. There is some fluctuation in high school and middle school patterns year to year, particularly concerning drugs other than alcohol. For example, as the new year of 2006 dawned, hopeful news was released by the National Institute on Drug Abuse’s 2005 Monitoring of the Future Survey (NIDA 2005). The use of cigarettes by teens has fallen to its lowest level since the survey began. In 2005, declines were observed in lifetime cigarette use among 12th and 8th grade students and in daily use among 12th grade students. Attitudinal shifts were also noted in an increase in disapproval of smoking one or more packs of cigarettes a day among 12th grade students. Although there was no substantive change in illicit drug use between 2004 and 2005, an approximate 19 percent decline was reported over the previous four years’ data in illicit drug use during the month previous to the survey by students in the eighth, tenth, and twelfth grades combined. Between 2001 and 2005, lifetime use of marijuana decreased

⁵ See *Binge Drinking: When Language Impedes the Practice of Prevention* in this monograph for more on the controversy surrounding this term.

among 8th, 10th, and 12th grade students. Past year, past month and daily use data also declined among 8th and 10th grade students since 2001. During 2005, 44.8 percent of 12th grade students reported they had used marijuana at some time, a decrease of .9 percent from 2004. Although any decrease in the use of illicit drugs is positive news, the fact that almost five out of ten US high school students surveyed reported having used marijuana at some time in their lives suggests marijuana experimentation as an almost normative experience of American adolescence.

Decreases were also seen in the past month, past year, and lifetime use of methamphetamine among 12th grade students and in the lifetime use among 10th grade students. Amphetamine use in the past month, past year, and lifetime decreased among 12th grade students. Areas of concern include the continued high rates of nonmedical use of prescription pain killers, i.e., Vicodin and OxyContin, in each grade, and the increase in the use of sedatives/barbiturates among 12th grade students. There has also been an increase in the use of inhalants among 8th grade students, a drug abuse that is more typically seen in younger students and not known to be popular in the collegiate population (NIDA, 2005).

Alcohol use in the past year decreased among 8th grade students and 12th grade students, and use in the past month decreased among 10th grade students. Even so, 75.1 percent of seniors, 63.2 percent of 10th grade students and 41 percent of eighth grade students reported having consumed alcohol. More than half of seniors (57.5 percent), 42.1 percent of 10th grade students, and 10.5 percent of eighth grade students reported they had been intoxicated. From 2004 to 2005 use of alcohol during the previous year had decreased 2.7 percent among 8th grade students and 1.5 percent among 10th grade students and 2.1 percent among 12th grade students. Although these decreases are positive, they are unlikely to change the general terrain of college drinking in which many students, as noted by the NIAAA Task Force Report (2002), come to college with an established history of alcohol consumption and positive expectations about alcohol's effects.

A critical task for collegiate AOD prevention and student life professionals, administrators, and faculty who wish to change the college culture is to consider the meaning of alcohol use in the developmental psychology of students and the evolution of campus culture in general⁶. What role does the faculty play in the developmental psychology of student drinking? Two accounts of student collegiate life, written decades apart, shed light on the absence of faculty involvement in student campus life. Is this absence of faculty involvement playing a significant role in the perpetuation of excessive college drinking?

Where Have We Come From?
Coming of Age in New Jersey (1989)

⁶ See *Forward—When they drink* in this monograph for more on the evolution of individual perceptions regarding alcohol as a substance and drinking as a behavior.

Between 1977 and 1987, Rutgers anthropologist Michael Moffatt (1989) conducted a participant observation of undergraduate residence life. He explained the purpose of his study:

I was curious what a big, confusing institution like Rutgers looked like from a worm's-eye view, and I wanted to know more about the undergraduates I was teaching in large, often impersonal classes. For already, by the age of thirty-three, I no longer understood my students. By 1977, my own college years, the early and mid-sixties, were beginning to feel like very distant times indeed (p. 1).

Moffatt (1989) ventured forth into the pre-AIDS college society of Rutgers, not to reach simple conclusions but rather to contribute, “a different kind of understanding of what college, college adolescence, and contemporary American culture are all about, from a less-than-elite undergraduate perspective. I would also be happy if the conclusions to these essays could remain as open as the state of adolescence itself ideally ought to be” (p. xvii). He wanted, “to see what Rutgers looked like from a student’s point of view” (p. 17).

The “contemporary American culture” Moffatt (1989) described is now almost three decades in the past, and the students he encountered as 18-year-olds would now be in their mid-forties, perhaps some the parents of today’s college students. The college culture of Rutgers in 1977 and the voices of college students captured in Moffatt’s account in some ways sound strikingly contemporary and perhaps timeless. In other ways the college culture that is evoked is far removed from current realities.

The floor preceptor in their first floor meeting provided the following guidance:

Her first year at Rutgers, she said, she had been very upset by a preceptor who told her that she would be OK at Rutgers if she studied five hours a day. But this was nonsense, she told us: “You have to make up your mind what you want here. If you want to enjoy yourself, if you have to have any social life at all, two hours a day is plenty, one in the morning and one in the evening. A ‘B’ or a ‘C’ isn’t a disaster” (Moffatt, 1989; p. 6).

She also advised that marijuana was to be kept out of sight in the rooms, and opined:

Liquor was OK anywhere on the floor (this was to change drastically and controversially, in the mid-1980s), but the “boys” had to clean up their own messes. Firearms were out of the question, and hot plates were technically illegal because of fire regulations, though preceptors were to tolerate them in every dorm I was in, warning students when the fire inspectors were due on their “surprise” visits (Moffatt, 1989; p.6).

In the ubiquitous “ice-breaker” exercises that formed to heart of orientation, the students were asked to write their “greatest hope” and “greatest fear” about Rutgers and throw the

slips into the center of the room where the slips would be scrambled and then read aloud randomly. The sentiments expressed...

...were amazingly similar, apparently indicating the simple pragmatic orientations of most incoming freshmen and the simple bifurcation of "college" in unreflective student notions into two halves: "academics" and "social life." The hopes were either academic, in the narrow sense, or social: To succeed, To get good grades, To pass courses, To get into med school or To make friends, To find people like me. The fears were the other side of the same coin, all variants of "to fail" academically or socially (Moffatt, 1989; p. 15).

Students expressed to Moffatt that the college students of the late 1960s were "rebels without a cause" who liked to "smoke dope and burn down buildings." To Moffatt's consternation, the students of 1977 viewed their own college generation as "more mature" than that of the previous decade. When he retorted, "How about more quiescent, more apathetic, and more apolitical," their dialogue was stymied because the students didn't know what those words meant (Moffatt, 1989; p. 17).

Moffatt (1989) found that the Rutgers experienced by the students was not the institution experienced by the professors and staff. He observed, for example, "the students had no idea of most of what the professors spent their time doing and thinking about; research, publication, and department politics" (p. 25). Two sophomores told him "they had always privately thought that 'tenure' meant a faculty member had been around for 'ten years'" (p. 25).

By the same token, Moffatt (1989) observed that the professors had little understanding of the daily accomplishments of the students:

Most Rutgers professors, on the other hand, would not have known how to do what the students had to accomplish successfully every semester—how to balance college and major requirements against the time and space demands of Rutgers classrooms, how to get to their classes on time on the overcrowded campus bus system, and how to push their academic needs through a half-efficient, sometimes impolite university bureaucracy. Most faculty members no longer possessed the ability to sit passively through long lectures without ever once getting a chance to open their own mouths (p. 26).

Part of the divide between the faculty and students was, as Moffatt (1989) noted, "rooted in generation" But more importantly, these differences in generation were historical differences, and when collegiate professionals tried to empathize with the students by thinking back to their own college experiences, "They almost always got it wrong" Moffatt observed:

Memory was selective, of course. But aside from this, student culture and youth culture have changed every ten or twenty years in two centuries of the history of higher education in the United States. And the relation of every undergraduate

generation to historical and social events in the wider world has always been different. One's own past student experience never serves as an adequate map for the present. (p. 26)

The divide between faculty and students was also, according to Moffatt (1989), based in their fundamental differences concerning, “the essence of college.” College authorities assumed then and perhaps now believe that “whatever is valuable about college for the undergraduates is or ought to be the result of the deliberate impact, direct or indirect, of college adults such as themselves on the students. For the students, however, a great deal of college took place outside of the classroom, “among the students, with no adults around.”

Beyond formal education, college as the students saw it was also about coming of age. It was where you went to break away from home, to learn responsibility and maturity and to do some growing up. College was about being on your own, about autonomy, about freedom from the authority of adults, however benign their intentions. And last but hardly least, college was about fun, about unique forms of peer-group fun—before, in student conceptions, the grayer actualities of adult life in the real world began to close in on you (p. 29).

Moffett (1989) found that students typically spent about four hours a day in “friendly fun,” i.e. “easy pleasures as hanging out...gossiping, wrestling and fooling around, going to dinner with friends, having a late-night pizza or a late-night chat, visiting other dorms, going out to a bar, and flirting and more serious erotic activities...” (p. 33). Students were “fooling around about twice as much as they were studying in college” (p. 33). Forming friendships was considered of central importance because “When you graduated from college, you might never have the time or the opportunity for so many real friendships again” (p. 42).

“Partying” and student sexuality were intimately linked in the Rutgers of the 1980s. The necessary ingredients of a party were “liquor, music, and members of the opposite sex—or of the same sex, for homosexuals—who were not ‘just friends,’ who were erotically interested in one another” (Moffett, 1989; p. 49). In 1984 a sample of 28 students told Moffett they had in the past week in the middle of the fall semester attended an average of 2.5 parties a person, 11.5 hours of partying time.

Liquor lubricated undergraduate partying, and restoring the minimum drinking age to twenty-one at Rutgers in the fall of 1984, mandated by the state of New Jersey, did nothing to alter this fact. To ask the students to stop drinking was about as popular as it would have been to ask the professors to stop reading books—or to stop drinking (p. 50).

Fast forwarding in time several decades from Moffatt's Rutgers, Barrett Seaman, a 1967 graduate of Hamilton College and a trustee since 1989, and a former correspondent and editor for *Time* magazine, visited 12 institutions of higher education with a purpose not unlike that of Moffatt's in mind. He sought, "a closer view of what it was like being a student in a residential college" (Seaman, 2005; p. 4) and asked, "To what degree does the contemporary undergraduate experience differ from what it was in the past?" (p. 15). However, Seaman also approached these questions with a specific agenda:

There is another audience I hope to reach as a journalist and as a longtime college trustee: the administrators, professors, deans and others who oversee our colleges, including the politicians who pass laws affecting student life. The serious policy implications in this book concern how oversight of student affairs should be managed, what the reward system should be for faculty members, and whether laws intended to help make higher education better actually accomplish that goal. (p. 16)

Seaman (2005) found a campus culture that differed dramatically from his memories of undergraduate life in a number of key ways. He observed, for example, "Information technology now infuses every aspect of campus life" (p. 29).

Technology has replaced the letter home, the pay phone, the room key, the record store, the bull session, the Penthouse pinup, the personal diary, and even the Dear John letter. It is the alter ego, the introvert's entrée into the campus clique, the new gay bar, both a supplement to and a substitute for faculty office hours, the politician's soapbox, the bush behind which the staler hides, and sometimes the mask behind which the race-baiter spews forth hatred. Wonderful and terrible things happen because of communications technology, and they happen with unparalleled velocity (p. 30).

He observed, "There is a frenetic aspect to student life on these campuses that is both impressive and a little frightening" (Seaman, 2005; p. 34), and commented, "...everyone I met seemed to be doing something all the time as if their futures depended on it." He suggested that the dominance of students' schedules by a "vast array of extracurricular activities" is encouraged by college administrators who may believe that "busy students are less likely to get drunk, stoned, or depressed" (p. 35). The essence of the undergraduate experience, according to Seaman, "the drama of daily life revolves around clubs and teams and the getting and spending of social capital..." (p. 39).

Student sexual exploration takes place in the context of "a hookup." Seaman (2005; p. 42) observed:

Though some traditional dating still goes on in college, the predominant pattern for the past decade or more has been for students to go to parties, or pre-parties, in packs of friends to hang out over drinks or drinking games and small talk until

late in the evening, when they hook up with someone if the conditions are right. A hookup is vaguely defined—by intention. It could be limited to innocuous kissing, it could mean oral sex (most likely female on male), or it could mean intercourse and staying the night. Leaving the term ill defined implies choice and an absence of commitment, and it removes any need to explain to friends what actually happened. The more random a hookup appears, the less likely it will be interpreted as intentional or predatory—just the way the good times happened to roll that evening. (p. 42).

Seaman (2005) notes that in, “the hanging-out/hooks-up culture” both men and women initiate contact. To this generation, he argues, dating represents a poor solution because it “requires work and commitment but brings no assurance of sexual favor” (p. 45); hence the development of the arrangement, “friend with privileges,” i.e., a friend of the opposite sex who will provide sexual release without emotional baggage.

Seaman (2005) described that good teaching, advising and mentoring are not as highly valued in academic culture as much as research publication and scholarly reputation. Good teaching, while commended, is not rewarded, and, “The less time spent on student problems, the more time is available for research” (p. 81). He noted the increase in mental health and suicide issues faced by students as well as the ubiquitous eating disorders. He highlights the absence of faculty in students’ daily lives as a central problem in campus culture. He laments that students have come to expect little from their professors.

When Seaman (2005) turns to the place of alcohol in the college culture, his sense of alarm about the current college context is palpable.

Unless you are actually there, you’re not likely to see just how differently—just how intensely and purposefully—some of today’s students go about consuming alcohol. When they come home for Thanksgiving or winter break, they are likely to moderate their behavior. But when they are away at school among friends, on any given night they have a shot at winding up in an emergency room (p. 109).

Concerning the legal age of drinking and campus drinking, Seaman (2005) quotes the University of Wisconsin chancellor John Wiley, who said, “Anyone who tells you they have an easy solution has not spent enough time around the problem” (p. 238). He raises concern about the legal age of 21 possibly preventing dialogue about responsible drinking, liability issues motivating institutional denial of behaviors they feel they cannot control, and the legal removal of adults from drinking contexts.

The roots of family dysfunction in society may be based on parental absence and the lack of parenting authority. Seaman (2005) suggests a similar problem may be evident in campus life:

The key to success in all these places lies largely with the faculty. Students’ high regard and respect for their achievements and knowledge offer the potential to bridge the divide that separates academic life from social life on most campuses,

imbuing faculty members with an influence beyond their role as classroom teachers. Students and professors getting to know each other better isn't going to stop dangerous drinking, drug use, or date rape. Nor will it reverse the rise in depression and general anxiety that reflect larger cultural traits. But it can serve to curtail abuses by keeping the focus of campus life on the fundamental purpose of college, which is to learn and to grow while learning. And it just might influence how students behave in their own world. "If students knew that their professors were going to sit in judgment of their Saturday night drunk fests," said higher education expert John Gardner, "they might act differently" (p. 272).

As long as the model of faculty member as university researcher predominates, it is unlikely that faculty members will be motivated to play a significant role in the daily life of the campus. Currently members of the faculty are strangely remote from the daily lives of their students and their potential power to influence their students' behavior is largely squandered. Perhaps the lack of faculty involvement in campus prevention efforts is the missing factor that maintains the status quo of excessive campus drinking.

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Environmental Management

An Approach to Alcohol and Other Drug Prevention

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What Is Environmental Management?

Most campus alcohol and other drug (AOD) programs include prevention, intervention, and treatment services designed to address individual students' knowledge of the consequences of alcohol and other drug use, to improve their skills in resisting such behavior, or to address existing problematic use of or addiction to alcohol or other drugs. Research shows, however, that campuses have had limited success when prevention efforts are limited to these traditional activities. The reason is simple: these activities are designed to prompt individual students to make different decisions about using alcohol and other drugs without making changes in the environment in which they make those decisions.

The field of public health recognizes that health-related behaviors are influenced by multiple factors: individual factors, peer factors, institutional factors, community factors, and public policy. Successful prevention programs address all of these factors in a comprehensive approach. For campuses, it is especially important to complement existing efforts by addressing the physical, social, economic, and legal environment in which students make decisions about AOD use, which can be accomplished through a mix of institutional, community, and public policy change. This is environmental management.

Five Strategies for Environmental Management

1. Offer alcohol-free social, extracurricular, and public service options
2. Create a health-promoting normative environment
3. Restrict the marketing and promotion of alcoholic beverages both on and off campus
4. Limit alcohol availability
5. Increase enforcement of laws and policies

Strategies for Environmental Management

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention has outlined five primary strategies for achieving environmental change, each designed to address a problem area that contributes to alcohol and other drug use in a

typical campus environment. Given the uniqueness of every campus, it remains important for each institution to analyze the factors at work in its community in order to determine which of these strategies should be pursued.

1. Offering Alcohol-Free Social, Extracurricular, and Public Service Options

Many college and university students have a great deal of unstructured time, few responsibilities, and limited alcohol-free options. Too often, high-risk drinking becomes the default activity. Alcohol-free options, therefore, such as frequent late-night events, expanded student center and athletics facility hours, and public service opportunities, are critical to successful environmental management. These options allow students to make spontaneous social choices that are positive, thus reinforcing the notion that college is a time for personal growth.

Alcohol-Free Options

The University of Nebraska created a Web site (<http://www.NUtodo.com>) that offers students a list of activities based on needs, interests, and financial resources. The site was developed to address students' frequent comments that they didn't know what entertainment choices were available either on or off campus. NUtodo.com provides a questionnaire asking students to select times, activities, food interests, music types, and budget restrictions; the site then generates alcohol-free options that fit the students' preferences. This central resource for activities allows students to explore their options for having fun without resorting to alcohol.

2. Creating a Health-Promoting Normative Environment

There is a common perception that high-risk drinking and other drug use are normal parts of the campus experience—rites of passage. Movies, television, and other popular media have perpetuated this widespread belief. An effective strategy to address this issue is to create a healthier normative environment for students. Efforts toward this end may include providing substance-free housing, raising academic expectations (e.g., scheduling more Friday classes and exams), and correcting students' exaggerated perceptions of campus AOD use. This last approach is based on the finding that students tend to vastly overestimate the levels of drinking taking place among their peers; this overestimation leads to more alcohol use among students who feel a need to fit in with what they think is the campus norm. To address this dilemma, many institutions have implemented social norms campaigns to bring students' perceptions of drinking norms in line with actual student behavior. The result has been a decrease in normative pressures to drink.

Normative Environment

The University of Arizona (UA) used a campus coalition, a social norms campaign, and peer education presentations to work toward its goal of reducing heavy drinking on campus. The primary message of the social norms campaign promoted the fact that 69 percent of UA students consume four or fewer drinks at parties. This accurate normative

message was used to correct the misperception among students that the majority of their peers drank much more heavily. UA saw a 22 percent drop in heavy drinking within the first 18 months of their social norms program¹.

3. Restricting the Marketing and Promotion of Alcohol

Local bars and liquor outlets often use aggressive tactics to reach college and university students. Advertisements, media presentations, and alcohol-related promotions are prominent in the environment both on and around campuses. Institutions have found several ways to restrict the marketing and promotion of alcohol, including:

- Banning all alcohol-related ads, including placements in campus newspapers
- Rejecting alcohol industry sponsorship of athletics programs, events, and facilities to avoid sending a mixed message to students
- Controlling promotions from local establishments that encourage irresponsible drinking (e.g., happy hours, price reductions, theme nights)

While research on the effectiveness of advertising restrictions in reducing high-risk college drinking is limited, general population studies suggest that such limits on alcohol promotions do appear to reduce alcohol abuse.²

Marketing and Promotion

In response to increased alcohol-related incidents, the University at Albany, SUNY, created the Committee on University and Community Relations to unify efforts to address student alcohol-related problems. A key initiative has been the voluntary Tavern Owner Advertisement Agreement. The committee developed voluntary guidelines for local bar and tavern owners that specify allowable on-campus advertising and encourage the avoidance of language or low-price promotions that might encourage irresponsible drinking. Participating tavern owners agree to review the content of their advertising to promote responsible and lawful consumption of alcohol and to help ensure appropriate and civil behavior by students leaving their establishments. Since implementing this program, the University at Albany has seen an 89 percent reduction in hotline calls with complaints about off-campus student drinking, plus an equally dramatic reduction in noise violations recorded by Albany police.

4. Limiting Alcohol Availability

Alcohol is abundantly available and inexpensive for students to obtain, even for those who are under the legal drinking age of 21. To reduce the availability of alcohol, the following measures can be helpful:

- Requiring training programs, both on and off campus, for those serving alcohol
- Limiting container size for alcohol (e.g., keg registration, prohibiting keg delivery)
- Reducing the concentration of alcohol outlets near the campus

- Monitoring IDs to ensure their authenticity

Availability

In September 1999, the University of Delaware began to enforce an 11-year-old policy that requires tailgating to end at the start of a game. Fans must either enter the stadium or leave University of Delaware property. Overall, alumni, students, and community members support the policy. As a result, there has been a reduction in the number of alcohol poisonings and arrests during home football games.

5. Increasing Enforcement of Laws and Policies

Laws and policies regarding alcohol and other drugs are not consistently enforced on most campuses or in many communities. The active and regular enforcement of alcohol-related laws and policies both on and off campus is critical to curbing high-risk drinking. Colleges and universities can implement this strategy by reviewing their campus policies and increasing sanctions for violations. Other activities toward realizing improved enforcement include notifying parents of AOD violations and working with the surrounding community to increase compliance checks of alcohol outlets and off-campus parties.

It is important to note that the five strategies for environmental management are not mutually exclusive. For example, stricter enforcement of laws (e.g., only those 21 and older can purchase beer) will limit alcohol availability. The strategies work together to change the environment for students.

Enforcement

The University of Northern Colorado (UNC) uses a campus and community coalition to coordinate local ordinances, enforcement efforts, and educational programs to provide the consistent message that underage drinking is not acceptable. A significant part of this comprehensive program is a cooperative effort between the UNC Drug Prevention/Education Program and campus and local law enforcement agencies to enforce underage drinking laws. Offenders are charged under a municipal ordinance, which means that cases are heard by a local judge who takes them seriously, handles them in a timely fashion, and requires violators to pay fines, attend education classes, and perform community service. During summer orientation, incoming students are told about the enforcement of underage drinking laws and policies and the consequences for violations. During the early weeks of fall semester, teams of local and campus police patrol the off-campus neighborhoods where students live. After these policies were implemented, an on-campus survey indicated a 12 percent decrease in the incidence of heavy alcohol use and a 33 percent reduction in the percentage of students driving after drinking.

Keys to Success

Implementing strategies for environmental management is not easy. Colleges and universities that have adopted or are moving toward this approach to AOD prevention provide insights for increasing the likelihood of success.

Principles of Effectiveness

The U.S. Department of Education's Safe and Drug-Free Schools Program promotes "Principles of Effectiveness" that make good sense for any program. These principles can be summed up as follows:

- Do a needs assessment
- Set measurable goals and objectives and design programs to meet those goals and objectives
- Use programs with demonstrated/proven effectiveness
- Evaluate the program to assess progress toward achieving the stated goals and objectives; use the evaluation results to refine, improve, and strengthen the program and to refine the goals and objectives as appropriate

Comprehensive Efforts

Employ several, if not all of the strategies for environmental management to complement the prevention, intervention, and individual treatment efforts already in place on campus.

Strong Presidential Leadership

Visible leadership on alcohol and other drug issues from an institution's president is crucial. Presidents can demonstrate this guidance by repeatedly addressing AOD issues and solutions in writings and speeches and conveying clear expectations and standards.

Faculty Involvement

Professors can infuse AOD issues in their courses, serve as mentors to students, and call for more rigorous academic standards and codes of conduct.

Staff Involvement

For successful comprehensive efforts, staff from a variety of campus offices must be involved. Residence life, athletics, student services, campus police, judicial affairs, health services, and multicultural affairs are examples of the broad-based representation that campuses need to engage in environmental management.

Student Involvement

Students can act as peer leaders and help build support for policy change. Additionally, they can provide a reality check as to how AOD issues affect students and how their peers may react to new campus initiatives and policies.

Needs Assessment and Strategic Planning

Successful AOD prevention efforts begin with a needs assessment to identify the key problem areas. Once these issues are pinpointed, plans are developed to address the campus's specific AOD problems.

Resources

Without resources in place, even the best planning cannot move forward. Presidential leadership and other high-level support can be very helpful in assuring that AOD efforts are a priority when resources are allocated.

Evaluation

It is essential to monitor the progress and effectiveness of AOD prevention efforts. By measuring outcomes, institutions will have the information they need to make appropriate adjustments or choose new strategies.

Patience and Persistence

Solving AOD issues is a long-term investment that campuses must make. With patience and persistence, there will be progress.

References

Johannessen, K., Collins, C., Mills-Novoa, B., and Glider, P. A. (1999). Practical Guide to Alcohol Abuse Prevention: A Campus Case Study in *Implementing Social Norms and Environmental Management Approaches*, University of Arizona Campus Health Service.

2. Saffer, H. (1991). Alcohol Advertising Bans and Abuse: An International Perspective, *Journal of Health Economics* 10, pp. 65–79.

End Note from original publication:

Vehicles for Developing Successful Comprehensive Prevention Programs

It is difficult for a single person or office to bring about environmental change on campus and in the surrounding community. Many colleges and universities have formed AOD task forces to develop and implement comprehensive prevention approaches, including strategies for environmental management. These task forces represent broad spectrums of interests and constituencies, including a variety of campus offices, students, faculty, and executive-level leaders. Other campuses have joined with representatives from the surrounding community to form more extensive task forces to address AOD issues that reach beyond campus. Task forces hold many advantages through their collaborative work, including:

- Improving program capacity
- Avoiding duplication of effort
- Increasing the consistency of messages
- Strengthening advocacy
- Creating a comprehensive program approach
- Increasing potential for success

Additionally, the Higher Education Center promotes the development of statewide and regional initiatives. These collaborations involve concerted efforts by several institutions

of higher education, state government officials, and community organizations to change the campus and community environment. These broad bases of support for addressing AOD issues can lead to state-level policy changes, such as more stringent blood alcohol limits for drivers and increased penalties for selling alcohol to minors.

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, established by the U.S. Department of Education, provides nationwide support for campus alcohol and other drug prevention efforts.

The mission of the Center is to assist institutions of higher education in developing, implementing, and evaluating alcohol, other drug, and violence prevention policies and programs that will foster students' academic and social development and promote campus and community safety.

The Center offers the following services:

- Training and professional development activities
- Technical assistance: Resources, referrals, and consultations
- Publication and dissemination of prevention materials
- Support for the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse³
- Assessment, evaluation, and analysis activities

Visit the Higher Education Center's Web site at <http://www.edc.org/hec> for more detailed information on environmental management and for more examples of what campuses are doing to implement the strategies presented in this update.

For additional information, contact:

Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02458-1060
(800) 676-1730 - TDD Relay Friendly, Dial 711
HigherEdCtr@edc.org

Additional Resources

Publications on environmental management available from the Higher Education Center:

DeJong, W.; Vince-Whitman, C.; Colthurst, T.; Cretella, M.; Gilbreath, M.; Rosati, M.; and Zweig, K. Environmental Management: A Comprehensive Strategy for Reducing

³ The Network has been renamed since this essay was originally published; it is now The Network: Addressing Collegiate Alcohol & Other Drug Issues.

Alcohol and Other Drug Use on College Campuses (Washington, D.C.: U.S. Department of Education, Higher Education Center for Alcohol and Other Drug Prevention, 1998).

Fisher, Deborah A. Environmental Strategies to Prevent Alcohol Problems on College Campuses (Rockville, Md.: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, prepared by Pacific Institute for Research and Evaluation, 1999).

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Organizing a Community Coalition: Lessons Learned from Lincoln, Nebraska

Linda Major, B.S. and M.A.M. and Thomas Workman, PhD

By 1998, a total of ten universities—including the University of Nebraska-Lincoln (UNL)—were awarded “A Matter of Degree” (AMOD) grants from the Robert Wood Johnson Foundation to enact a comprehensive environmental plan for reducing high-risk drinking among college students. These grants, administered by the American Medical Association, came with three requirements: institutions receiving the grant had to communicate publicly about the effort to reduce high-risk drinking on their campus and community, their strategies had to be created from the environmental model, and they had to utilize a campus-community coalition to create and accomplish their work. All three requirements were challenging. Many institutions believed that publicly admitting alcohol problems would be a public relations nightmare. In 1996, the environmental model had little to no evidence of effectiveness for college alcohol issues, though the concept had been researched and applied in other contexts. And most college alcohol and other drug (AOD) staff members had little to no experience in the kind of community organizing needed to create and sustain a coalition that combined campus and community members to address issues beyond the university borders.

There is growing evidence that utilizing a community coalition to accomplish environmental change is an effective strategy. This recommendation by the 2002 NIAAA (National Institute on Alcohol Abuse and Alcoholism) *Task Force on College Drinking* is certainly supported by the success of *NU Directions*, the campus-community coalition created as part of the UNL AMOD project, which was representative of such campus-community coalitions across the country. Though the effort in Lincoln, Nebraska, was accelerated by several factors—including *town/gown* coalition-building that had begun years before the AMOD program and coalition leadership that was well-versed in community organizing—the process of developing a committed group of stakeholders, building consensus across diverse perspectives, and sustaining momentum among members for long-term change remained a constant challenge. In this essay, we will share a variety of the lessons learned about building a successful coalition to address environmental issues within a campus-community. Some of these lessons are no more than discoveries of “truth” about coalition work. Others transform easily into specific recommendations for community organizers, based on our evaluation of actions taken that have proven to be successful. Other lessons came the hard way as we faced failure and asked ourselves, “If we could do it all over again, how would we do it differently?”

Lesson One: A Core Philosophy Must Be Shared Across the Coalition About Coalition Work

The first lesson learned is one of those “truths” that has proven itself time and again in our work: in order for communities to organize successfully, there must be a core philosophy shared among the organizers and members that serves as a foundation to

“how we do the business.” The NU Directions philosophy surrounded community dialogue, collaboration, and consensus-building, though there are other models for organizing. It is important that some philosophy, and the way in which it helps coalition members fulfill their roles in the partnership, become a key part of any orientation. For NU Directions, that philosophy surrounds four key issues:

1. Everyone with a stake in the alcohol environment in Lincoln, Nebraska, must have a place at the table.

One of the critical mistakes we’ve seen in communities addressing alcohol issues is that the only people sitting at the table are those who share the same perspective or experience about alcohol problems. Unfortunately, these are not always the individuals or groups that actually control or influence the environment. Though building consensus is much more difficult with diverse perspectives represented in discussions, it actually yields less time spent implementing strategies, as the people most likely to oppose implementation have already worked out their differences in the planning process.

Perhaps the greatest area of challenge to this philosophy is the inclusion of local hospitality retailers. Yet, including these individuals forced those in the coalition with purely AOD, enforcement, or educational backgrounds to consider the financial implications of policies on local business owners, many of whom are subjected to constant scrutiny and regulation, operate in an industry with excessive employee turnover and business failure rates, and are often inexperienced in corporate management. Placing a college bar owner next to a police officer or prevention specialist often led to long discussions and multiple disagreements, but also yielded new perspectives for everyone involved and collaborative solutions that everyone could embrace and support.

A second group critical to the process are students who represent all aspects of the campus lifestyle. Many students who are initially attracted to the coalition’s goals do not share the perspectives of those students who both engage in and support the current alcohol environment. Students living in the environment have a significant stake in the decisions that are made and are more likely to feel the impacts of new policies and increased enforcement. As campus riots across the country have demonstrated, initiating an aggressive enforcement strategy without consensus from these groups yields more frustration (and public criticism) in the long run.

NU Directions began with a student advisory council that enabled students to discuss issues and bring recommendations to the larger coalition while also serving as a sounding board for coalition plans. Two years into implementation, the coalition was well past its “planning” mode, and the advisory council was dissolved. But students remained a critical element, and representatives from Athletics, Greek Affairs, Housing, Student Involvement, University Program Council, student government and other populations remained a vital part of coalition workgroups.

Establishing a coalition that is naturally inclusive isn’t easy. Not every stakeholder is naturally collaborative, and territorialism can also become a barrier to group work.

Organizers will need to return to this philosophy often and help individuals overcome the tendency to operate independently. A second challenge to the inclusive process is that it's easy to frame stakeholders who do not share similar values—especially hospitality owners and students—within a “square table” perspective that assumes opposition and leads to power struggles rather than consensus. One of our student representatives was cited for a disorderly house violation through an effort created by the coalition to reduce high-risk parties in the neighborhood and began a public tirade against the role of enforcement focused around the chief of police, who also served as the coalition's co-chair. The local media immediately assumed that the leadership of the coalition would “remove” the student from the group and were surprised to hear the opposite response when organizers insisted that the student provided an essential perspective for the coalition. Organizers must be willing to forgo their own bias and encourage others in the group to do the same. Every perspective may not be embraced, but must be considered in order for consensus to occur.

The easiest way to find out if all stakeholders are represented is to ask several simple questions:

- Who would be involved or impacted by this action or strategy?
- Who would most likely oppose this action or strategy?
- Who could best implement this action or strategy?
- Who (of those answers) is not currently sitting at the table? Why not?

There are times when the answer to the “why not” question is sufficient enough to keep some stakeholders from the table; individuals who are simply oppositional and unwilling to consider the perspectives of others or those who are only marginally impacted or involved may cause more harm than good. Too large of a group can also be potentially ineffective. But the fact remains that key stakeholders must be present if true consensus is to be gained, regardless of whether they initially support the effort or not.

Inclusive organizing also means that the coalition membership becomes “fluid.” NU Directions often utilizes smaller, time-limited task forces composed of the stakeholders most impacted by the strategy and not necessarily the typical departmental or agency representatives that Tom Casady, chief of the Lincoln Police and co-chair of the coalition, refers to as “the usual suspects.” Some of these individuals are part of the larger coalition; many are not. Some of our coalition members serve on a “call if needed” basis with issues that require specific political clout or special expertise. Others are consistently involved due to their roles at the university or in the community. This fluidity allows the coalition to quickly respond to a variety of needs, and also broadens the uniformity of message across the community. It requires organizers, however, to constantly and consistently orient new members about their roles within the coalition or specific project.

This leads to an essential second agreement about how we do business as a coalition:

2. There are multiple motivations for changing the environment that supports high-risk drinking among college students.

Not everyone involved in the effort shares the same passion or interest in keeping college students from the harms caused by high-risk drinking. Often, changes to a high-risk environment yield a variety of positive outcomes that may not be directly related to the health behavior of college students but serve the cause just as well

An example best illustrates this point. One of the objectives of the coalition was to change the style and form of the state driver's license, which was easy to alter or reproduce and increased the use of "fake" identification by underage UNL students to gain access to alcohol. Changing this aspect of the environment required the passage of a legislative bill through the state unicameral. When identifying state-wide partners that could suggest, sponsor, and support the bill, the coalition needed to go beyond the issue of college drinking (and even underage drinking) to make the point that the taxpayer money used to create a secure digital drivers license system across the state was worthwhile.

Of course, the coalition did its work to present the issue of false identification as significant to the environment that supports high-risk drinking for college students and other people under the legal drinking age. For the vast majority of Nebraskans, however, the growing concern over identity theft was a far stronger motivator than college or underage drinking, so the coalition seized on the opportunity to embrace partners who were concerned with identity theft issues. This tripled the number of supporters for the bill, as well as the media interest in the bill. The state police association supported the bill solely on the identity theft issue alone (though they were also concerned about underage drinking). The Nebraska Retail Grocer's Association supported the bill for the impact it would have on cash-checking schemes that had plagued grocery stores across the state as well as reducing the risk of selling to minors. The hospitality industry supported the bill because they saw themselves—not underage drinkers—as the victims of false identification when they were duped by a fake ID, cited by the police for serving a minor, and forced to pay a fine by the state's Liquor Control Commission. The state's Department of Transportation saw the new system as both a way to catch up to the rest of the country (Nebraska was one of five without a digital system in place) and a way to make a license system significantly more efficient. Even citizens liked the new system better, out of pure vanity: digital photographs could be easily and inexpensively retaken, so no one was stuck with a "bad" picture on their license.

All of these motivations were included in media kits and legislative briefings supplied by NU Directions, though few of them reflected the coalition's overarching goal of reducing high-risk drinking among UNL students. The bill passed quickly and became a law and the outcome for the coalition—making access to alcohol more difficult for UNL students who were under the legal age—was accomplished.

3. The harms caused by alcohol consumption in Lincoln and UNL and the effort to reduce those harms are matters of "shared responsibility."

There are two overriding concepts found in the term "shared responsibility." The first defines the drinking behaviors of college students as "shared" between individual choice and environmental influence; while every student at UNL has the responsibility to make

the healthy choices about their individual alcohol consumption, the surrounding environment is also responsible for influencing those choices. The second concept of the term defines the responsibility of *addressing* and *changing* that environment, as shared across all stakeholders of the campus-community.

Having a foundational agreement across all members of the coalition on both concepts is essential. While everyone has a voice at the table, it is equally important that every stakeholder also understands their responsibility and role in creating and solving the current alcohol problems in the campus-community. Discussions that return to philosophical arguments surrounding individual responsibility versus environmental cause can often derail strategic planning or implementation.

There are constant opportunities for these arguments to re-emerge as new aspects of the environment are discussed. A simple process of reviewing UNL alcohol policies among the campus environment workgroup was extended for months when new student representatives tried to assert the need to let “students decide for themselves” about their alcohol use. However, rarely do these repeated arguments yield much progress toward accomplishing the goals of the coalition.

Generating commitment to the “shared responsibility” concept has proven to be an ongoing task of coalition leadership. New coalition members must be oriented toward the philosophy before entering workgroups or coalition discussions; the concept must be reframed often in newsletter articles, presentations, and public media work. Key spokespersons for the coalition need to use the term regularly in their conversations with individuals, groups, and the media. Coalition staff even created graphic models of the concept to help visual learners understand the idea. Most importantly, however, every incident on campus or in the community—from the neighborhood party that went out of control to the brawl at one of the local bars—has to be framed so that environmental elements are seen as contributing to the alcohol-related problem. Media spokespersons that respond on behalf of the coalition must have the shared responsibility framework close in mind in order to discuss any incident from this perspective.

4. There is a common vision of the ideal environment that is shared among all members of the NU Directions coalition, regardless of perspective.

Centering coalition work on a common vision of the “ideal environment” has proven essential for both large and small initiatives. It never fails that when you ask a group of students, bar owners, alumni, faculty, administrators, community leaders, police officers, and prevention specialists what they think we should do to solve the problem of high-risk drinking, there are a multitude of diverse (and opposing) responses. Ask them instead to define the kind of community they personally would like to live in, and the answers are remarkably similar. We all want to live in a place that is comfortable, safe, fun, and helps us accomplish our personal and professional goals and dreams.

Coalition facilitators have asked the “ideal environment” question often, both in full coalition strategic planning sessions as well as in small workgroup or task forces engaged in a specific initiative. Creating a vision of what we want the environment to look like

when all is said and done helps the group to find common ground quickly, which in turn builds a unity of mind and spirit that carries over in problem solving. It also enables the group to think creatively about methods to produce the ideal rather than rely on traditional approaches. Finally, envisioning the ideal environment turns the group back to research “best practices” as the group asks the question, “Has anyone found a way to create this environment?”

A good example of this philosophy working well in accomplishing a strategic objective occurred when the Lincoln City Council commissioned the NU Directions coalition to recommend a mandatory server/seller training policy for the city. Coalition staff gathered a group of key stakeholders who would be most impacted by the new policy, including owners and managers of local bars, restaurants, hotels, and convenience stores. The opinion of the group on the adoption of this single method to impact the environment was unsurprisingly negative. Asking them instead to describe the ideal environment for their business became abundantly productive; the group uniformly saw the benefit of having trained staff serving and selling alcohol as a way to reduce a variety of problems. But the strategy of a mandatory training policy seemed to only add to their headaches rather than solve them. With nearly a 200% employee turnover rate, the limited availability of training dates and times, and the excessive cost of the training, the idea of training every employee seemed too great of a burden. Inspired by the ideal and with the specific needs and issues in mind, NU Directions crafted a web-based server-seller training program that enabled owners to train their staff without any of the barriers. Doing so has also enabled discussions of mandatory training policy for servers and sellers to re-emerge in city government with much less resistance.

Another outcome of envisioning the ideal environment was the agreement across the coalition that NU Directions would adopt a “harm reduction” approach to the issue of campus alcohol consumption. No one envisioned an environment that did not include alcohol. Their vision, however, placed alcohol use in a responsible and healthy context that eliminated high-risk behaviors and harmful outcomes. The vision statement created by the NU Directions coalition reflects this ideal: “To create a community/campus culture that supports responsible low-risk drinking, including abstinence.”

This has proven to be helpful for a variety of reasons; reducing the negative outcomes of high-risk alcohol consumption is easier for most stakeholders to adopt when the sole solution isn’t prohibition. Students, bar owners, alumni and others were far more willing to own their piece of the problem (as well as the solution) when the issue was framed as eliminating the harms of high-risk drinking rather than eradicating alcohol consumption from the face of the university and surrounding community.

Lesson Two: The Coalition Must Be Supported From Top Administration

Perhaps one of the wisest funding requirements of the AMOD grant was the confirmation of visible support from the top level of both city and university administration. Often, the task of addressing alcohol problems on campus is relegated to the AOD office, which acts in an isolated vacuum. The opposite is essential in order for a coalition to thrive: addressing alcohol-related problems among college students must be a top priority of the mayor as well as the university chancellor or president, and that priority must be communicated across campus and city offices. Having visible support from these offices is critical for several reasons:

- Potential members see requests for participation or resource provision as coming from top administration and not from individual organizers.
- Resistance is diminished by those who are unconvinced of the importance of the initiative.
- The coalition maintains a sense of importance in the work they are doing.
- The community has the perception of the effort as unified across the community and institution.
- The community and institution feel a stronger sense of ownership of the coalition and the initiatives it creates.

Not all top administrators will initiate this visible support on their own. You may need to create incentives for top administrators to support the effort, then provide public opportunities for these individuals to show their support. It's important that coalition organizers find ways to connect the visible support of coalition activity to the accomplishment of an administration's organizational, political, and personal goals. Knowing those goals is an essential first step. What is the chancellor or mayor's vision for the university or city, and how does the existence of an environment that supports high-risk alcohol consumption serve as a barrier to making that vision a reality? What aspects of success in reducing these harms will benefit their vision and goals? Organizers may need to find ways to report and publicize data so that they are framed within the relevant issues facing these administrations. How does high-risk drinking stop the university's efforts to increase student retention? How has a dense set of alcohol outlets downtown limit economic development for the city? How are the costs created by not addressing high-risk drinking behaviors of students affecting the financial bottom line for the university or the city?

At the time of its inception, NU Directions was blessed with both a city mayor and a university chancellor who saw the value of the coalition's activities and who quickly lent visible support. But the coalition couldn't rest on that alone. Whenever possible, opportunities were created to inform and visibly involve the chancellor and mayor in coalition activities. The co-chairs of the coalition—Lincoln Chief of Police Tom Casady and UNL Vice-Chancellor for Student Affairs James Griesen—have regular contact with the mayor and the chancellor, and are able to share information and request assistance with a credibility that a typical organizer could not possess. They are also invaluable in providing staff and coalition members with insight on the motivations, attitudes, and interests of these top-level officials.

Involvement must be public in order to demonstrate visible support. Our chancellor gave the welcome at a state symposium we hosted on policy solutions to alcohol problems.

Our mayor took part in a “bar walk” that was covered by the media. Both the mayor and chancellor have spoken at celebratory coalition meetings. Coalition spokespersons regularly credit the support of these two officials for the success of the work.

One challenge to anticipate is the reality that these top-level administrators may not stay for long. NU Directions has seen three mayors and two chancellors since 1998; other AMOD schools have seen the university chancellor or president’s office change hands almost annually. Yet, the process of discovering the agendas, key goals, and involvement strategies remain the same, as does the need to tie the coalition’s efforts of changing the environment to the goals of the new administration. Coalition organizers must recognize their responsibility in orienting new upper-level administrators to the goals and objectives of the coalition. One way this can be accomplished is by employing existing coalition members with access to and credibility in the eyes of the new office holders in order to create opportunities for presenting the coalition mission, goals and activities as an established part of the institution and municipality.

Another challenge surrounds the “perception versus reality” issue of administrative support. Creating the perception of supporting AOD efforts on campuses and in communities is currently in line with public opinion (and therefore attractive to most upper-level administrators). However, support needs to be more than merely words. When real challenges to environmental changes occur by campus or community partners, organizers will need to rely on an upper-level administrator who will demonstrate their support by ensuring changes are accomplished.

Lesson Three: The Strategic Plan Must Be Designed Around Specific Local Data

Given the growing number of publications and research projects about best practices for college alcohol prevention, it’s important to remember that every campus-community coalition must employ strategies that address its own specific environment. The AMOD project found that not all campus-communities were the same, or could employ the same approaches. Beyond regional culture, there are a number of structural, political, and environmental factors that are unique to any campus community and should be considered when strategic planning.

Several key questions—answered by local survey data, focus groups, observation, and the collection of police, hospital, health center, and other local data—can help the coalition pinpoint what aspects of the local environment must be changed to support a reduction in high-risk alcohol consumption. The questions asked at NU Directions included:

- Where, exactly, are our students most likely to engage in high-risk drinking?
- What environmental factors can we identify that support this choice and, therefore, must be changed or eliminated?
- What environmental factors are needed to support low-risk behavior and must be added, increased, or promoted?
- Which strategies identified in the literature most relate to our specific environment?

- What adaptations are necessary to make this strategy more effective in our specific environment?

The temptation to apply everything that the literature suggests to be effective is always present (particularly following a workshop or conference where we return with a plethora of new ideas). Coalition members representing various perspectives will also have their favorite prevention activities; the bias for certain approaches is natural and should be expected by community organizers. NU Directions staff found that, although every idea and strategy was open for discussion, centering the conversation around the specific data of the Lincoln community and UNL campus provided a perspective that enabled the group to focus their activities. Form follows function.

Keeping a clear picture of the specific local environment in front of the coalition is therefore an important task for staff. First, indicator data must be central to the creation of strategic goals and objectives. Coalition organizers can develop graphic representations of indicator data that allows quick and easy interpretation for coalition members. Facilitation of coalition and workgroup discussions should return to the indicator data often, especially when determining specific activities.

Once data-centered objectives have been determined, updated information on indicator data should be provided for the coalition so that members are aware of how the issues of high-risk drinking are playing themselves out for the target population while strategies are being implemented. Though the process of constantly collecting and updating information about the environment is time-consuming, it is critical that coalition members are provided a context for prevention strategies so that they can make good decisions about what strategies to employ, and then how to modify those strategies once they are implemented. Of course, a comprehensive plan will make the evaluation of any specific strategy difficult, especially when taken out of context.

NU Directions staff accomplish this in a variety of ways. We often reformat much of our collected data into simple charts and graphs so that coalition members (and the media/general public) can quickly understand the issues surrounding our specific environment. Pictures are worth a thousand words, so whenever possible, we find ways to provide images of the environment. Staff has often taken coalition members (and other community leaders) on a “bar walk” to help them see the impact of a dense collection of alcohol outlets two blocks from campus when it’s in full swing—at midnight on a Thursday, Friday or Saturday night. We’ve also done walks during home football games to illustrate tailgating, and are planning a neighborhood “party walk” to help coalition members understand what happens to a neighborhood when a “party house” lives on the block. We must be careful not to over-react to these images and incidents, but use them as a context for our work. Often, we’ll begin and end a bar walk or the presentation of a graphic image from the environment with a discussion to help coalition members keep a perspective about the individual representation from the environment, grounding the evidence of a specific piece of the environment with a “big picture” perspective provided by general data.

Coalition members have now gotten into the habit of collecting flyers or advertisements they find in the community or campus about high-risk activities, or taking pictures of billboards, window signs, or neighborhood yards to illustrate an aspect of the local environment for others. Midway through the five-year period of our initial funding, we published a “mid-project report” that chronicled all of the indicators as a way of assessing progress; the report served to reinforce the notion that our progress couldn’t be measured on whether we had activities, but on whether those activities were producing change in the environment. A five-year report was also created to give the coalition a snapshot of the environment as well.

One of the most challenging questions that must be asked of the coalition is “When are we done?” It’s an important question that has yielded some interesting discussions among the NU Directions coalition. Returning to our vision of the ideal environment is one way to answer the question, especially if we’re using local data to ask “Are we there yet?” Determining a specific set of quantifiable reduction goals is another. Finally, identifying the difference between environmental change and environmental maintenance helps us determine whether our efforts need to be refocused (and refinanced) to maintain the environment we’ve created and which aspects of the environment have not yet reached a point of change to support healthy behavior.

Lesson Four: Coalitions Need Strategic Communication

Most every aspect of coalition work involves communication at some level, so creating a communications plan alongside the coalition’s strategic plan is a worthwhile investment of time and energy. NU Directions operates a “parallel” communications plan that both identifies communication activities that assist in accomplishing coalition objectives as well as communication activities that keep the coalition informed, unified, and motivated.

Much like the selection of environmental strategies, the choice about communication vehicles that support coalition activities should also be based on aspects of the local environment. Simply identifying “media advocacy” or “social marketing” as an activity often may not yield the best results. The same is true for newsletters, advertisements, and white papers. Asking a set of questions about the community, the message objective, and the target audience may lead to the best strategic decision. Questions asked often at NU

Directions include:

- 1) Who do we want to receive a message?
- 2) For what purpose? In other words, what do we want this audience to DO with this message?
- 3) What is the most credible medium for this audience to receive this message? Are they more likely to receive it by hearing it in one medium versus another? Which of these mediums is best supported by the local culture?
- 4) Who in our coalition, institution, or community is the most credible spokesperson to deliver this message?
- 5) What do the gatekeepers of this communication medium need from us in order to get them to communicate the message?

- 6) What prerequisite background knowledge or perceptions are needed by the target audience in order for this message to “make sense?” How does this impact the timing and order of this message?
- 7) What are some ways the target audience could misperceive or create objectives to the message that we can inoculate?
- 8) What does our evaluation of this communication activity teach us about future communication efforts?

The answers to these questions may differ each time they are asked, depending on the specific situation being addressed. Like a sound mathematical formula, the key to finding the “right” answer lies in how the formula is applied; the message we will send as a coalition is the x we are searching for, making every other variable in the equation—the people we are trying to influence, their attitudes about this environmental element, their knowledge about environmental influence, the political climate of the community, and the perceived credibility of spokespersons and forms of evidence—an essential part of the answer.

In Lincoln, these questions have yielded a variety of different answers: in some instances, the news media is a viable choice, as it plays a significant role in the shaping of community views and attitudes. Being a city with both a state capitol and flagship institution, the television and print news media become a common source for information and opinion formation, and life at the university is a major local media “beat.” However, there are other critical media that NU Directions has needed to utilize to send effective messages. One of the most effective media for reaching hospitality owners and managers is the use of the local beer distributors, who deliver notices of community forums and other relevant information to managers along with their invoice. As we’ve learned time and time again: form follows function. Effective coalition communication should come from a clear understanding of the community and not from generic communication methods.

Lesson Five: Coalitions Need to Devote Resources on Qualified Personnel

A common assumption among practitioners is that coalitions with more funding should be more successful than those with little or no resources. Though there is some truth in the fact that financial resources are helpful for a variety of reasons, misperceptions about how funding is best used abound.

There are multiple strategies to impact the alcohol environment in a campus-community that require little or no funding, particularly in the area of policy change. Gathering key stakeholders together to discuss needed changes in policies or utilizing the media to present the “shared responsibility” message are relatively low-cost activities that can yield significant results. The NU Directions experience has demonstrated that the vast majority of resources gathered for coalition work are best spent in bringing in qualified personnel for three critical positions: a community organizer, a communications specialist, and an evaluator. The resources needed for individual initiatives come from a

vast array of pools and partnerships that are generated largely from the work of these three positions.

Though the leadership and the membership of the coalition is based on key stakeholders who are directly affected by environmental change or who have access to specific resources for use in that change, NU Directions found that coalition staff must be hired for specific responsibilities that require specific qualifications. Those responsibilities, their importance to coalition work, and the qualifications needed are explored here.

1) The Community Organizer

Hiring a coalition organizer with experience in developing and sustaining strategic partnerships, both on campus and in the community, makes a significant difference in the success of the coalition. Often, this role is relegated to the campus AOD program coordinator, who has extensive training as an educator, counselor and perhaps even as an administrator, but rarely as a community organizer. This individual fulfilling the role of growing and sustaining a coalition must have extensive knowledge of the local social, political, and cultural landscape. They'll need to know the people and places that are central to the specific campus-community's life. They'll need to understand the protocols, pecking order, and value-system, which differ from locality to locality. According to Gladwell's (2002) Tipping Point theory, they'll need to know who the connectors, mavens, and salespeople are who live within the community and how to access those individuals in order to help accomplish the mission of the coalition. Someone with pre-existing networks within the campus and community is best, but the person who serves in this role should have the natural skills to identify and develop positive relationships with key stakeholders from diverse perspectives, to organize the coalition's activities, and to facilitate the implementation of the work.

This is not to say, however, that AOD professionals can't fulfill this role. What this lesson suggests is that those given the task of organizing a campus-community coalition must recognize and develop a specific set of skills to accomplish the work. If those skills fall outside the realm of an individual's training and experience, then identifying mentors from the local community is a critical first step: Who has the knowledge about local community or campus networks and politics that can guide me in how to work within this community? Often, the answer lies as close as the coalition's leadership. Coalition chairs, if well chosen, can be wonderful mentors. Most college campuses and city/county governments are rich in potential mentors. The time spent in building an ongoing relationship and seeking counsel from these individuals is well spent.

Professional consultants who specialize in community organizing or strategic planning—including many who specialize in environmental public health—can also be helpful, but are limited by their knowledge of the specific culture. Although consultants can provide a framework of questions and help structure criteria for organizers (and can also lend credibility to local administrators who value recommendations from national experts), specific advice about approaches to members of a community, particularly policy-makers, is best left for those mentors who live and work within the community and who

are familiar with the quirks, foibles, and oddities that exist in every locality. Often, these quirks are the critical aspect of whether an initiative succeeds or fails; the idea was right, but we presented it in a way that made key community player X, who we should know is always worried about profit, angry because we didn't frame the idea as supportive to business goals.

A second pitfall for the community organizer surrounds having a coalition assume that this staff member will single-handedly accomplish the work of the strategic plan. At times, NU Directions staff have fallen victim to this thinking, and it has served as a wake-up call about organizing. In many cases, organizers create this perception themselves by spending too much time “doing” the work rather than encouraging the appropriate coalition members to get the work done. Though the staff member may feel they can accomplish more on their own, the result is often a loss in coalition ownership of the initiative, which often results in the strategy dying without an institutional home once funding (and the coalition) are gone. Community organizers, then, need to always allow coalition members to “own” the strategic plan. NU Directions accomplishes this through several techniques many of which were learned the hard way):

1. Coalition members—rather than coalition staff—chair specific workgroups or task forces. Staff members always attend these meetings as note-takers, but rarely serve as chairs. Critical to this technique is allowing coalition chairs to “call” the meeting; NU Directions staff has found that by trying to facilitate meeting times for coalition groups, members assume it is the staff's responsibility to run the meeting. Key, then, is the relationship between the organizer and those coalition members serving as committee chairs.
2. Staff provides information and resources—the raw materials—that assist the coalition in accomplishing their goals, and quickly provide summations and next-step facilitation as coalition members move toward accomplishing activities.
3. Staff notifies coalition chairs and members when progress is not occurring with an objective rather than rushing in and “rescuing” a project. A common mantra for NU Directions staff is “trust the process,” which reminds us often that things may take longer than we'd like, but will yield a better outcome if we allow our patience (and good facilitation rather than actuation skills) to stay the course.

2) The Communications Specialist

Obviously, as communication is a critical component to effective coalition-building, a communications specialist who can coordinate both internal and external communications through the campus and community is a helpful addition to a coalition, particularly one focused on environmental change. At NU Directions, a communications staff member assists in developing and enacting the advocacy, education, social norms and social marketing activities of the strategic plan. The communications specialist also provides systems that enable coalition members, policy-makers, campus administrators, and students to stay informed about coalition activities through newsletters, list serves, and a web site.

The AMOD program recommended the addition of a communications staff member for all ten of the AMOD sites. Many of the coalitions used university communications staff who dedicated a percentage of their time to coalition activities. While helpful, institutional communications personnel may be unable to devote the amount of time or energy to the coalition, and may also struggle with reconciling environmental advocacy with institutional marketing. Because of these limitations, other coalitions have hired a full-time communications coordinator to fulfill the role.

In either case, having someone to assist the coalition organizer in the specific tasks and duties related to communication has been a valuable tool in progressing coalition efforts. Most importantly, though, the communications specialist becomes a critical link between the university (and at times, the municipality) and the coalition, ensuring that coalition messages are consistent with and compliment other institutional messages. In an age of institutional branding, coalition communications that are contrary to larger institutional goals can lead to division and a lack of institutional support that is easily avoided through this connection.

Like the role of the community organizer, however, the communications specialist focusing on environmental change must employ a specific set of skills that is not always common for those with training and experience in marketing, public relations or advertising for institutions of higher education. A communications specialist for a campus-community coalition should have abilities in media advocacy, public health persuasion, and social marketing. Environmental messages in particular are a different breed from the promotional messages used to attract students, alumni, donors, and the media to a college or university campus, and may require communications staff to seek additional training or mentoring in this area.

Coalition communications staff also need to become fully competent in their knowledge of college drinking, and should have access to the literature from the field about the motivations and experiences for college students and environmental stakeholders in order to conduct accurate target audience analysis for message design and dissemination. Like all communications specialists, they'll need to conduct research into the specific local audiences they are attempting to persuade by their messages, understanding the political and social culture of the community that will guide decisions about media, spokespersons, and the messages themselves. Whenever possible, the communications coordinator for NU Directions utilizes task forces, populated largely by students, to design and strategize coalition campaigns.

Coalition efforts lacking the funding to hire a full-time communications specialist are best to utilize the talents and expertise available to them throughout the college or university's academic arm, where faculty and classes serve as wonderful resources to serve the communication needs of the coalition while also offering rich co-curricular experiences for students and potential research for faculty. Likewise, there are a number of local advertising, marketing and public relations agencies that offer discounted or free services for community efforts. Communications professionals from any of these arenas can be added to the coalition to assist in the effort with relatively low costs.

3) The Evaluator

Finally, there is a need in every campus-community coalition for someone with expertise in data collection and analysis to serve as the evaluator of the work accomplished. The AMOD grant required the hiring of a local, part-time evaluator to assist in local data collection and serve as a liaison to the national evaluation team from the Harvard School of Public Health. NU Directions leadership saw such value in the addition of the evaluator to the core team that funds were shifted to institutional sources to enable the position to remain long after the grant ended.

There have been a number of specific benefits to having qualified staff in this role. The local evaluator ensures that indicator data is reliably collected and analyzed so that it can be presented to coalition stakeholders with confidence. The local evaluator with access and expertise in local institutional research requirements can speed up the bureaucracy that often accompanies the data collection process. Most importantly, the local evaluator can offer impartial feedback to the coalition based solely on the data collected that instructs coalition modification and improvement of activities and strategies. Local evaluators, working in conjunction with the local community organizer and communications specialists, also serve a vital role in providing a chronicle of the process for use by other entities.

Yet, key qualifications are required for the person stepping into this role. Alongside the obvious skills in statistical and qualitative data collection and analysis—particularly in the area of environmental health behavior—is the ability for an evaluator to remain connected to the process while remaining impartial. This “fly on the wall” mentality can be difficult to maintain, especially for evaluators who come from the academic community and are also naturally stakeholders of coalition efforts themselves. Also essential is the ability of the local evaluator to effectively communicate conclusions and explanations to members of the coalition, translating highly technical terms and statistical methodologies into concepts that are easily understood by laypersons.

Several actions by coalition organizers and leaders can help. Careful coordination with the community organizer, along with mentoring from other evaluation specialists, can provide a structure that surrounds a clear (and valued) role for the local evaluator within the coalition where the evaluator is given appropriate opportunities to interact with the coalition and its workgroups and has clear boundaries for when interaction can taint objective observation of the process.

Lesson Six: Start with Winnable Issues

Efforts to change environmental contributors to high-risk drinking behaviors among college students is long, tedious, and often frustrating work that requires years of consistent activity, even for an effective campus-community coalition. The Robert Wood Johnson Foundation’s commitment to funding AMOD programs for up to nine years greatly enhanced the likelihood that campus-community coalitions would become

effective in changing collegiate drinking practices. For many coalitions, indications that changes in the environment were having an impact on college drinking didn't begin to appear for at least three or four years. All of this can be greatly discouraging and demotivating to coalition members who live, alongside the rest of us, in a world where instant gratification is king and immediate results are a common expectation (and the lack of them a common source of criticism).

Creating a timeline for strategic plan interventions—where “winnable” issues were accomplished early—was a deliberate strategy employed by NU Directions organizers. Within any strategic plan, a variety of these smaller, less controversial initiatives exist that offer coalition members a sense of accomplishment and help to build momentum toward more challenging environmental changes. Changes in campus or community policies that are often controlled by coalition members, initiatives with clear community support, and social marketing campaigns that influence small but visible changes in the way in which a campus thinks and talks about alcohol use are all good examples.

Sometimes, the winnable issue is an opportunity that exists outside of the plan but is nonetheless seized by the coalition. During the first year of the coalition, while workgroups were still finalizing aspects of the strategic plan, a request came to the city council to approve a “bottle club” license in the already dense downtown entertainment district. Bottle clubs utilize a form of licensing where “members” can consume their own alcohol within an establishment outside of state-controlled hours of operation. The request, if approved, would clearly contradict much of what the coalition was attempting to address. As one of city council members (who was also chair of the city's Internal Liquor Committee) was part of the campus-community coalition taking part in the strategic planning process, the issue of limiting access and availability to alcohol was on the forefront of discussions. The coalition quickly worked with the city attorney's office to draft an ordinance that banned bottle clubs from the city, while communications personnel created media advocacy strategies to bring the issue into public view. Public attention created by the coalition led to the license holder rescinding the request, and with the support of the Internal Liquor Committee and the public and private advocacy of the coalition, the ordinance was passed. Coalition members were able to celebrate success early in the process, which energized them and built confidence for future strategies.

Working with a timeline that strategically builds momentum has an additional benefit in that while it energizes coalition members, it also “softens” the community and policy-makers for more controversial or challenging changes. NU Directions scheduled policy initiatives that restricted beloved high-risk rituals and traditions (like bar crawls, alumni tailgating, and fraternity/sorority social events) or required significant state legislation for later in the strategic plan, focusing initial efforts on smaller harm-reduction activities that would help students, the community and policy-makers understand and trust the intent of the coalition and recognize the need for additional changes. The result of a “slow and steady” approach to some initiatives has meant an easier road for their accomplishment without the risk of lost interest by coalition members or the criticism of inaction by everyone else.

Lesson Seven: Share and Celebrate Success

This leads naturally to the last major lesson of the coalition, which is to share and celebrate the success of each and every accomplishment. Environmental changes accomplished by a cooperative coalition don't naturally appear in the limelight—active organizers who are also willing to ensure that every member involved receives and enjoys the applause must place them there.

Organizers must make sure that changes created by the coalition are communicated through every channel possible, from releases to the media to announcements in coalition member newsletters (and the newsletters of representative organizations). Often success can (and should) be represented with a visual or tangible component so that it can be easily and effectively communicated to coalition members, the community, students, administrators, and funding organizations. Volunteer/partner recognition events, media stories, charts and graphs showing behavioral changes, bill-signing ceremonies, and testimonials or thank you letters from grateful stakeholders are all invaluable in making an accomplishment feel tangible and important.

Sharing credit is also an essential component of celebration, so that everyone who contributed to the effort feels as if they are valued and appreciated. This is sometimes more difficult than it appears. Many stakeholders as well as community organizers live or die by the “what have you done for me lately” mentality that pervades most organizations, including institutions of higher education. Credit for being an instrument of productive change is career currency, so being able to take sole credit for an accomplishment will mean more to some individuals than it will to others. However, like currency, distributing credit across a coalition is a worthwhile investment that often yields high dividends. NU Directions coalition staff make it a habit to let coalition leaders and members give media interviews in response to announcements of positive data trends, and when no members are available, to always speak “for the coalition,” giving credit to organizations, stakeholders, and the collaborative process itself for the changes.

One example illustrates this best. In an effort to eliminate high-risk promotions in the Lincoln/UNL environment, the NU Directions coalition began a letter-writing campaign to the mayor, city council, police chief, and Chamber of Commerce of Panama City Beach, Florida, complaining that the “Spring Break 2002” flyer distributed to UNL students via the campus newspaper promoted dangerous high-risk activities that influenced drinking behaviors for college students and was unwelcome at UNL. Though the coalition hoped only to discourage the locality from selecting the UNL population as one of its target audiences, the effort, which had now expanded to UNL parents and other interested community members who also wrote letters, caught the attention of local and national media who had been prompted to the issue by national advocacy created by the American Medical Association, the AMOD national program office. Of particular interest to media were letters by prominent officials in Lincoln to their counterparts in Panama City Beach. The letter from the Lincoln chief of police, who also serves as coalition co-chair, to the Panama City chief of police, was featured in multiple national media reports. When the national television program *48-Hours* came to interview Chief Casady for an

episode on the Spring Break issue, the coalition co-chair was quick to show producers copies of all the other letters sent, indicating to the media that his effort was but one of a collective many. All coalition leaders repeated the sentiment often and when the 2003 edition of the Panama City Beach spring break marketing publication was released, it had taken every one of the suggestions offered by the coalition and changed its promotional policies.

Conclusion

Though organizing and maintaining an active and effective campus-community coalition is challenging, it is also deeply rewarding. Growing evidence suggests that the campus-community coalition is an essential element for changing the alcohol environment surrounding a campus. Throughout the United States, the community coalition has become a standard model for AOD work affecting a variety of populations, and remains an important strategy for impacting the environment where college students live, learn, work, and play.

Central to a successful campus-community coalition, however, is the active involvement from a cross-section of stakeholders who cooperatively create the kind of environment that benefits all and harms none. Our experience in the campus community of Lincoln, Nebraska, has convinced us that collaboration across the community is the result of careful and consistent organizing where every stakeholder is invited to the table so that agreements can be forged on the vision and philosophy of the work, resulting in a consistent and cooperative approach to the environment that is based on local data. We are equally convinced that, when both the problem and solution is shared by all involved, the celebration of our collective successes in creating a better environment are that much more fulfilling.

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How Public Alcohol Policy Shapes Prevention

George W. Dowdall, Ph.D.

Introduction

Why should (overworked) preventionists be concerned about public policy about alcohol? Isn't policy a distant and abstract problem, far away from what happens daily on college campuses?

I will argue in this essay that public policy (among many other factors) shapes college drinking. In a paper that I was asked to write by the NIAAA's Task Force on College Drinking, my colleague Henry Wechsler and I tried to lay out some of the factors that shape college drinking. Table 1 summarizes our thinking, based on the published research at the time (Dowdall & Wechsler, 2002). Policy is not just a factor, but an important factor, in college drinking.

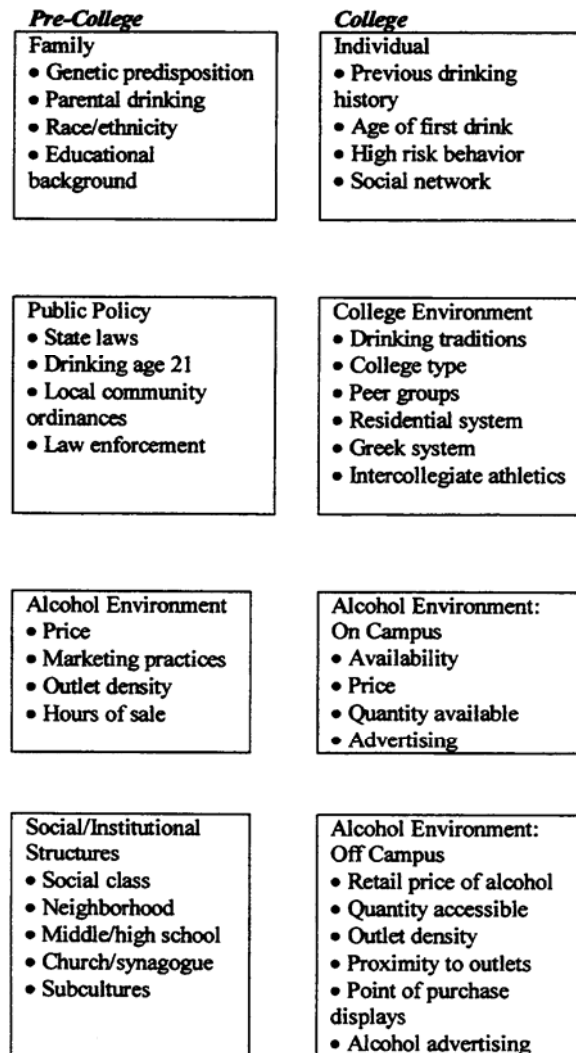


FIGURE 1. Factors affecting college drinking

Alcohol policy shapes how alcohol is produced, distributed, marketed, and sold. It also shapes what can be done about college drinking, and even the discourse about college prevention programs. Recent evidence supports the argument that upstream factors like policy may be as important—or even more important--than downstream efforts to prevent or control college drinking. Because of this, preventionists need to be the experts on their campuses about policy.

Alcohol Policy

We can define alcohol policies as “authoritative decisions made by governments through laws, rules, and regulations...that pertain to the relation between alcohol, health, and social welfare (Babor et al, 2003; p. 6).” My focus in this essay will mostly be on public policies (e.g., by governments), rather than private policies (e.g., by universities), though I will also note how public policies can often shape private policies, as well as individual behavior.

Alcohol is “no ordinary commodity”, to borrow a phrase from the title of a recent authoritative international study of alcohol policy (Babor et al., 2003). Policies to control alcohol have been used by societies as far back as ancient Greece and Rome. Almost every modern society has elaborate public policies about its production, marketing, sale, and use. This near-universality of public concern reflects the very substantial health and other costs associated with alcohol use. In the U.S., over 100,000 people a year die directly as a result of alcohol abuse, a far larger number than die because of illicit drugs (Robert Wood Johnson Foundation, 2001: 50). Worldwide, alcohol accounts for 4% of the total cost to life and longevity, and while some positive health effects have been discovered, “...the detrimental effects of alcohol on disease burden by far outweigh the beneficial effects” (Babor et al., 2003, 71-73).

In addition to health issues, alcohol is also associated with extensive costs to society such as the criminal justice system, lost productivity, treatment, etc. Alcohol abuse was estimated to cost American society over \$166 billion dollars in 1995 alone (Robert Wood Johnson Foundation, 2001: 18). Public policy is also driven by another factor: Alcohol is a commodity that generates important tax revenues for governments and private-sector employment for a large workforce as well as profits to several major industries.

Societies have employed many different kinds of alcohol policies, including about production, advertising and marketing, consumption, prevention, and treatment. This essay will mostly be concerned with policies that are focused on the use or abuse of alcohol in the contemporary United States and in particular by its college students. But some historical and comparative analysis will help sharpen our understanding of the American present.

Greenfield (n.d.) presents an overview of preventive alcohol policies in the U.S., while Sewel (2002) discusses changing European views on policy. Detailed information about public policy in the U.S. can be found on a special website maintained by the lead federal

agency about alcohol, the NIAAA. (See <http://alcoholpolicy.niaaa.nih.gov/>, accessed on 8/16/05.)

The American Context of Public Policy

Several issues are central to American public policy about alcohol. One concerns how alcohol and drugs are defined. Both alcohol and other drugs have powerful effects on human behavior, including pharmacological effects, so in one sense they are often discussed as “drugs” in everyday speech. But in the U.S. they are defined very differently in law and public policy. American public policy about alcohol has largely developed separately from policy about drugs.

Alcohol has been produced and then consumed by a large part of the population since the earliest days of American colonial history. Concerns about its impact on society led to the development of a powerful Temperance movement in the late 19th and early 20th century, propelling many of the states and finally the federal government to prohibit its use. The 18th Amendment and the Volstead Act led to the era of Prohibition in the 1920s. While Prohibition cut consumption and some alcohol-related problems, some of its unanticipated consequences—including a flourishing black market and rising public unhappiness with its restrictiveness—led to a backlash that ended in the passage of the 21st Amendment, repealing Prohibition and placing the regulation of alcohol in the hands of the individual states. Much of the recent history of American alcohol policy was colored by the experience of Prohibition (Moore and Gerstein, 1981). To this day, the alcohol industry looks over its shoulder at the impact public policy can have on its operations, making it an energetic participant in shaping policy.

By contrast, American drug policy flowed from different sources, including rising public anger about abusive sales of worthless medicines, fears of drug abuse and addiction, and rising international pressure for formation of an American drug policy. Also in contrast to alcohol, American drug policy has always been formulated at the national level, from the Pure Food and Drug Act of 1906 to The Controlled Substance Act of 1970 and the Anti-Drug Abuse Act of 1988 (for a comprehensive but readable narrative of drug and alcohol policy development, see Faupel, Horowitz, and Weaver, 2003). Drugs are illicit, and for that reason less available, and feared. By contrast, alcohol is licit for those over 21, widely marketed, and much less feared, even though alcohol abuse results in far more deaths and larger costs to society (Walsh, 1990).

A recent international collaboration of leading scholars about the issue reached the following definition of alcohol policy:

At its broadest meaning, alcohol policy refers to any measure that affects the market in alcohol, the level and patterning of alcohol consumption, or the occurrence of alcohol-related problems. In this sense, policy can include a whole range of governmental actions that have little to do with alcohol specifically (such as mandating seat-belts in cars), or which have little connection to social and health problems from drinking (such as beer bottle recycling programs) (Babor et al. 2003; p. 225)

Alcohol policies are formulated at every level of government, including international, national, state or regional, and local. In the United States, a decisive factor in shaping alcohol policy was the passage of the 21st Amendment to the U.S. Constitution in 1933. This amendment repealed the 18th Amendment, and thereby ended Prohibition. The 21st Amendment also gave to the individual states the authority to regulate alcohol. The states in turn can empower local governments such as counties or cities to regulate alcohol. (By contrast, policy about illicit drugs is largely national in scope as defined by the Commerce Clause of the U.S. Constitution and reaffirmed by Supreme Court decisions.)

The Alcohol Industry

Alcohol is a legal product widely consumed in the U.S. and the industry that profits from its use is a major factor in shaping public policy.

Mosher (2002) examines the alcohol industry and its market. The U.S. alcohol industry is huge, with \$115 billion in annual sales. The industry is highly concentrated, with a handful of producers such as the two large beer companies and eight other alcohol companies accounting for 70% of the all U.S. alcohol sales. Consumption is also concentrated, with most Americans either non-consumers or light consumers of alcohol; 42% of all the alcohol sold is consumed by the heaviest five percent of the drinkers. Young people are a particularly critical part of the market for alcohol, in part because their use of the product will shape life-long consumption patterns and because they consume more than older people.

Mosher (2002) argues that the industry uses its marketing prowess to encourage consumers (including young consumers) to buy its products. The “four P’s of marketing” are used to drive up sales:

- *Product:* The industry has introduced new products such as wine coolers, “alcopops” and malt liquor to appeal to younger tastes. With consumers shifting from beer to other beverages, brewing companies have responded with new products such as combining beer and energy drinks. (Warner and Elliott, 2005)
- *Promotion:* Vast amounts are spent on promoting alcohol products to consumers, with the implicit message that everyone uses them. Of particular concern is the impact of advertising on younger people, even when the target of the advertising may be older (For more information about the promotion of alcohol to youth, visit <http://camy.org> <http://camy.org>, accessed 8/17/05).
- *Place:* Alcohol is widely available, and even more so near college campuses. Many campuses are surrounded by a ring of alcohol outlets.
- *Price:* Alcohol, especially beer, is cheap in the U.S. In some communities, beer is cheaper than soft drinks. Young people are price-sensitive, and as alcohol has become relatively cheaper, consumption has increased. One study estimates that

“if alcohol taxes had kept pace with inflation since 1951, the number of youth who drink beer would have declined by 24 percent. (Drug Strategies 1999: 13).”

Mosher (2002) concludes from this analysis, “Taken together, these marketing strategies communicate a powerful message about alcohol’s role in society. The marketing in college communities is particularly aggressive, promoting alcohol’s glamour and attractiveness and making it readily available at low prices, variables that a recent study found to correlate directly with underage college binge drinking” (p. 6)—For more information about how the environment shapes underage college binge drinking, see Wechsler, Kuo, Lee, and Dowdall, 2000).

Mosher (2002) claims that a range of environmental prevention programs have been found to be effective in lowering the risk of hazard for youth that choose to drink in the U.S. He argues that the alcohol industry has supported social norms and other alcohol education programs, but views them as a substitute and not a supplement to those environmental programs found to be effective. The alcohol industry has favored those approaches that shift blame for alcohol problems onto the shoulders of individual consumers and away from the industry’s products. The industry has even tried to take credit for decreases in alcohol problems, decreases that evidence shows were due to such environmental changes as increasing the minimum drinking age and better enforcement of laws about underage drinking. Mosher argues that an important priority of industry educational messages is to normalize drinking:

Cultural acceptance...is the key to boosting industry sales. This priority reflects the industry’s frustration that so many Americans drink so little or not at all, a major impediment to market growth. It also helps explain the industry’s enthusiasm for social norms marketing: Ignoring the environmental component, its message blames deviant “irresponsible” drinkers for problems and normalizes college drinking. (Mosher, 2002; p. 9)

Massing (1998) paints a vivid portrait of those who lead the lobbying efforts for the alcohol industry; one of the most effective endeavors in both Washington and state capitals as well. Organizations such as the Beer Institute, the Wine Institute, the Distilled Spirits Council of the United States, and the National Beer Wholesalers Association (NBWA) have large staffs and make even larger contributions to politicians of both parties. They also organize at the grassroots level: the NBWA has members in every congressional district across the country. Individual companies such as Anheuser-Busch (A-B) also advocate effectively, with an A-B lobbyist in every state capital in the U.S.

By contrast, alcohol control advocates appear far less formidable. One of the most important advocates is George Hacker, director of the alcohol-policies project of the Center for Science in the Public Interest (CSPI). Hacker has a staff of seven and is described by Massing as, “constantly outmaneuvered by the industry.” (For information about the CSPI Alcohol Policies Project, see <http://www.cspinet.org/booze/pdbooze.htm>, accessed August 16, 2005). *Mothers Against Drunk Driving* (MADD) has been a major force behind specific public policies such as raising the minimum drinking age and

advocating for .08 BAC levels (Reinarman 1988). But even MADD has no full time lobbyist in Washington, and usually calls on volunteers to staff its policy efforts in state capitals. When organized into community coalitions, grassroots activists can have significant influence in efforts to control alcohol. In addition to its focus on drunk driving, MADD has expanded its mission to include combating underage drinking.

Other organizations have played role in shaping alcohol policy as well, including foundations that have funded research and policy (such as the Robert Wood Johnson Foundation); community coalitions (such as represented by the Community Anti-Drug Coalitions of America). Security on Campus (see <http://www.securityoncampus.org/>, accessed 8/17/05) has pushed successfully for federal legislation requiring colleges and universities to report crime, including alcohol and other drug offenses.

A variety of federal and state agencies also are involved. The National Institute on Alcohol Abuse and Alcoholism has funded much of the research about alcohol and its impact on society, including a special task force on college drinking. Other federal agencies such as the Office of National Drug Control Policy (ONDCP) also affect alcohol policy, though in complex ways; ONDCP has been criticized for neglecting to address alcohol abuse in its well-funded efforts to raise public consciousness about substance abuse. Within higher education, organizations such as the American Council on Education play a major role in shaping how colleges and universities deal with alcohol issues.

Like other public policies, alcohol policies have been created over a long period of time by complex processes that involve many actors. The alcohol industry is usually a powerful interest group, though by no means a monolithic one. Other actors include the media. Also important are private sector organizations that try to influence alcohol policy such as MADD. On the state level, other kinds of organizations may become involved in public policy debates, including employees of state liquor stores, taxpayers groups, community coalitions, treatment organizations, etc.

Contemporary Issues in Public Alcohol Policy

Because of the 21st Amendment, the individual states determine much of the public policy about alcohol. One of the few policies that does not vary across the states is the minimum drinking age of 21, due to federal legislation that tied this policy to eligibility of federal highway funds. Another is the recent attempt to define a .08 blood alcohol concentration as the standard above which one is judged to be driving under the influence. Most other policies vary across the states. (For a review of state policies, see the APIS website, <http://alcoholpolicy.niaaa.nih.gov/>, accessed 8/17/05), or the Century Council, 2005 and website, <http://www.centurycouncil.org/home.html>, accessed 8/17/05). States also vary in how vigorously they enforce these policies (see Mothers Against Drunk Driving 2002 for an attempt to rate the states on this question).

The NIAAA's APIS site (<http://alcoholpolicy.niaaa.nih.gov/>, accessed 8/17/05) lists current policies across the 50 states about underage drinking. Data on each state's policies on the following topics are available:

- Underage possession of alcohol
- Underage consumption of alcohol
- Underage purchase of alcohol
- Furnishing alcohol to minors
- Minimum ages for on-premises servers and bartenders
- Minimum ages for off-premises sellers
- False identification for obtaining alcohol
- Blood alcohol concentration limits for drivers under 21
- Keg registration
- Loss of driving privileges for alcohol violators by minors (“use/lose” laws)
- Hosting underage drinking parties: criminal liability

Much of American alcohol policy is formulated at the state level, making it necessary to look at that level to understand current policy debates. To take one example, the Pennsylvania state legislature held public hearings in 2005 about underage drinking. Representatives from the liquor industry and from organizations such as the state chapter of MADD and Pennsylvanians Against Underage Drinking testified at hearings held across the state. The liquor industry has sought in the past to reduce taxes on its products and to loosen restrictions on sales. A representative of the state’s tavern owners (<http://www.pataverns.com/>, accessed August 16, 2005) argued for increased penalties for minors who try to break the law and enforcing consequences for users of false or *fake* IDs. At the same time as the hearing, the tavern owners were engaged in an effort to allow increased Sunday sales of beer by their licensees. The leaders of MADD’s state chapter presented testimony in support of HB 959, enhancing sanctions to adults who provide alcohol to minors resulting in death or injury. MADD’s other priorities in Pennsylvania include increased penalties for transporting a child while the driver is driving under the influence, keg registration, automatic license suspension and vehicle seizure at time of DUI or DWI arrest, and increased taxes on beer (<http://www.maddpa.org/>, accessed August 16, 2005). The present author testified at the hearings as a MADD volunteer and presented some of the key findings of the NIAAA Task Force on College Drinking.

Most public policies about alcohol are formulated in ways that affect all citizens and communities, and few have been enacted specifically about colleges and universities. Major exceptions include the Clery Act, which mandates the reporting of crimes on college campuses, including alcohol and drug violations, and the regulations of the U.S. Department of Education, EDGAR Part 86, appended, which require colleges and universities to inform their students and employees about alcohol policies and laws (see <http://www.edc.org/hecd/fsca/>, accessed 8/25/05). The minimum drinking age laws (MDAL) have an unusually important impact on colleges and universities, since many matriculated students are under the age of 21

What Policies Work?

What policies work? Several attempts have been made to synthesize available research, but I will examine two notable recent ones. Then I'll review empirical research that attempts to assess how state policies affect individual college drinking.

An international group of experts on alcohol control policies (Babor et al 2003: 270) reviewed available research evidence to rate policy-relevant strategies and interventions. The following came out at the top of the list, with all clearly policy except the last:

- Minimum legal purchase age
- Government monopoly of retail sales
- Restrictions on hours or days of sale
- Outlet density restrictions
- Alcohol taxes
- Sobriety check points
- Lowered BAC limits
- Administrative license suspension
- Graduated licensing for novice drivers
- Brief interventions for hazardous drinkers

The NIAAA's (2002) Task Force on College Drinking is a major source of ideas about what kinds of forces, including public policy, shape college drinking. Its *Panel on Prevention and Treatment* discussed prevention in terms of a social ecological framework, which views health-related behaviors such as college drinking as, "affected by multiple levels of influence such as intrapersonal (individual) factors, interpersonal (group) processes, institutional factors, community factors, and public policies" (p. 3). The task force notes that most campuses have prevention efforts that are concerned with the first three of these factors. "Less attention has been paid to factors in the local community that affect student alcohol use, and calls by campus officials for changes in State and Federal policy remain rare... (Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, 2002c: 3)" (See also DeJong and Langford 2002). The present author notes in Dowdall and Wechsler (2002) that research about college drinking is similarly focused on the individual college student, with much less attention to factors such as public policy that may play a role in shaping drinking.

The Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism (2002c; p. 7-8) commissioned comprehensive reviews of existing research to arrive at research-based recommendations. Under public policy, the NIAAA Panel made the following observations: "Laws designed to decrease alcohol-related harm in the general population have had considerable success. Public policies designed to reduce the commercial availability of alcohol have also shown promise in some areas." Among these are the following:

- Minimum legal drinking age
- Lowered blood alcohol concentration limits
- Administrative license revocation
- Increasing the price of alcohol
- Restricting licenses for retail sales of alcohol

- Limiting hours/days of sale
- Reducing the social availability of alcohol

The following table presents the conclusions of the NIAAA College Task Force about the most promising strategies. It is important to note that the majority of “effective” strategies are public policies (2a through 2e), and that a majority of the “promising” strategies are either public (3e and 3g) or university policies.

NIAAA College Drinking Report: 3-in-1 Framework				
Tier	Strategy	Level of Operation		
		Individuals, including At-Risk and Dependent Drinkers	Student Population as Whole	Community
1: Effective among college students	1a) Combining cognitive-behavioral skills with norms clarification & motivational enhancement intervention	Yes	No	No
	1b) Offering brief motivational enhancement interventions in student health centers and emergency rooms	Yes	No	No
	1c) Challenging alcohol expectancies	Yes	No	No
2: Effective with general populations	2a) Increased enforcement of minimum drinking age laws	No	Yes	Yes
	2b) Implementation, increased publicity, and enforcement of other laws to reduce alcohol-impaired driving	No	Yes	Yes
	2c) Restrictions on alcohol retail density	No	No	Yes
	2d) Increased price and excise taxes on alcoholic beverages	No	No	Yes
	2e) Responsible beverage service policies in social & commercial settings	No	Yes	Yes
	2f) The formation of a campus/community coalition	No	Yes	Yes
3: Promising	3a) Adopting campus-based policies to reduce high-risk use (e.g., reinstating Friday classes, eliminating keg parties, establishing alcohol-free activities & dorms	No	Yes	No

	3b) Increasing enforcement at campus-based events that promote excessive drinking	No	Yes	No
	3c) Increasing publicity about enforcement of underage drinking laws/eliminating “mixed” messages	No	Yes	Yes
	3d) Consistently enforcing campus disciplinary actions associated with policy violations	No	Yes	No
	3e) Conducting marketing campaigns to correct student misperceptions about alcohol use on campus	No	Yes	No
	3f) Provision of “safe rides” programs	No	Yes	Yes
	3g) Regulation of happy hours and sales	No	Yes	Yes
	3h) Enhancing awareness of personal liability	Yes	Yes	Yes
	3i) Informing new students and parents about alcohol policies and penalties	Yes	Yes	No
4: Ineffective	4a) Informational, knowledge-based or values clarification interventions when used alone	N/A	N/A	N/A
Source: Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism 2002a, p. 25.				

The Minimum Drinking Age Laws (MDAL)

The NIAAA College Drinking Report listed “increased enforcement of the minimum drinking age laws” among those strategies “effective with general populations.” The MDAL in the U.S. once varied considerably across the states. When the voting age was lowered, some states also lowered their MDAL. When auto crashes rose, some states raised their MDAL. These changes were studied as ‘natural experiments,’ yielding evidence supporting the idea that the higher MDAL was effective in preventing youth alcohol-related deaths and fewer alcohol-related problems (see <http://www.ama-assn.org/ama/pub/article/3566-3640.html>, accessed 9/20/2004).

The MDAL is the most studied alcohol control policy in the U.S., with a recent review identifying 132 published studies between 1960 and 1999 (Wagenaar and Toomey, 2002). But the studies are mostly about the general population, with those about specific populations such as college students generally of poor quality. The effect of the MDAL may be smaller among college students than among other younger people. It only makes sense that the MDAL would have the weakest effects among those youth who are very near the age of 21.

Wagenaar and Toomey (2002) conclude, “Compared with a wide range of other programs and efforts to reduce drinking among teenagers, increasing the legal age for purchase and consumption of alcohol to 21 appears to have been the most successful effort to date” (p. 219). They report an estimate that some 17,000 lives were saved by the higher MDAL from the mid-1970’s to the end of the 1990’s.

They also present some very helpful discussions of current arguments about the age-21 MDAL. For example, some people argue that the current MDAL creates problems on college campuses by making alcohol a ‘forbidden fruit,’ but the evidence shows that lower legal access is related to higher adult drinking. Others argue that European teens are allowed to drink at younger ages and have fewer alcohol-related crashes than Americans, but recent data show European youth drive fewer miles than U.S. youth, and some European countries are considering raising their MDAL.

Preventionists interested in the MDAL should also consider several other issues. First, the age-21 MDAL represented a national consensus passed by a liberal Democratic Congress and signed into law by a conservative Republican president; given the number of lives it has saved, it is unlikely to be changed anytime soon. Second, these lives were saved with minimal enforcement of the MDAL; more vigorous enforcement might save even more lives and have greater effects among college students.

Other Current Policy Issues

Examples of current efforts to advocate for policy or policy enforcement changes at the national level are numerous, but these examples will suffice to indicate the nature of recent attempts. Appended to this essay are several examples of recent public or private efforts.

- Mothers Against Drunk Driving “Getting MADD All Over Again” (see Appendix A)
- Join Together/Marin Institute’s “Ten Policies That Save Lives” (see Appendix B)
- Complying with the Drug-Free Schools and Campuses Act (see Appendix C)

Legislation has been introduced in both the U.S. Senate and the House that would fund several of the recommendations of the NAS/IOM Report on Underage Drinking. Called the STOP Act (Sober Truth on Preventing Underage Drinking Act), S. 2718 and H.R. 4888 have been sponsored by a bipartisan group of legislators, with support from a broad coalition of groups such as MADD and CADCA.

The Role of Public Policy in Shaping Individual College Student Drinking

Since the NIAAA Report on College Drinking was released, several studies have been published that add to the evidence about what works and why.

The national evaluation of the AMA’s “A Matter of Degree” program has published data that support the broad environmental management framework (Weitzman et al. 2004). The data from AMOD confirm that public policy has a role to play in lowering the negative outcomes of college drinking.

Data from the Harvard School of Public Health College Alcohol Study and from the CDC's Behavioral Risk Factor Surveillance System suggest that "the state sets the rate" of college binge drinking (Nelson, Naimi, Brewer, and Wechsler, 2005). The researchers examined individual student data from 40 states, combining the data from surveys taken in 1999 and 2001, for a total of 22,453 individuals. The researchers identified those states that had four or more alcohol control laws, including keg registration, illegal per se laws, restrictions on happy hours, open containers, beer sold in pitchers, and billboards and other advertising. They also compared states that MADD identified as having strong alcohol control law enforcement. States with stronger alcohol control policies had college binge drinking rates of 33%, while those with weaker policies had rates of 48%. This finding held up even when the researchers controlled for 17 correlates of individual binge drinking. The college binge-drinking rate across the states was strongly correlated with the adult binge-drinking rate, another indication that college binge drinking was shaped by the larger policy environment. The results of this study are promising, in that they show state alcohol policy can have a protective effect on individual student binge drinking; but there is much to be learned about what specific policies are most beneficial and why.

The Role of Public Policy in Shaping Prevention Activities on College Campuses

Policy also shapes prevention activities on college campuses. The Drug-Free Schools and Campuses Act (see Appendix C) requires colleges to carry out certain activities, including attempting to explain and enforce public policy. The Clery Act requires that campuses report about crime, including drug and alcohol violations. Other federal laws such as FERPA shape how colleges may report drug and alcohol violations to parents. Most college undergraduates are under 21, and so any important policy initiative directed at underage drinkers will have an impact on college drinking prevention discussions.

Public policy shapes discourse about college drinking and the prevention of alcohol problems. Students know drugs are illegal and often view illicit drugs as more harmful than alcohol. By contrast, alcohol is either legal for them (if of age) or soon to be legal, and this plays a role in viewing alcohol as either harmless or harmful only under certain circumstances (like behind the wheel of a car).

Conclusions: What Prevention Professionals Should Do about Public Policy.

Preventionists have to deal with individual students on one campus and be supporters of effective public policy. They are required by EDGAR to explain laws. They should be especially careful to explain why the MDAL is 21, and how lowering it won't happen and probably shouldn't happen.

Colleges and universities should use evidence-based practices, and as we have seen the NIAAA Task Force on College Drinking found that public policies such as enforcing the minimum drinking age laws are central. If social norming projects are used, they should embrace public policy issues, including components that talk about conformity with the minimum drinking age laws, discuss how underage students shouldn't break the law and that overage students should not provide alcohol to minors. Finally, colleges and

universities should play a greater role in shaping state policy about enforcing the MDAL and other public policies. Preventionists should take the lead on their campuses in discussions of public policy.

One public policy, the age-21 MDAL, has saved many young lives even with minimal enforcement. Evidence shows that those states with stronger alcohol control policies have lower college binge drinking rates. Preventionists and their universities should push for more vigorous enforcement, helping both college and noncollege youth.

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Appendix A: Get MADD All Over Again:

1. Resuscitate the nation's efforts to prevent impaired driving by re-igniting public passion and calling on the citizens and the nation's leaders to "Get MADD All Over Again."
2. Increase DWI/DUI enforcement, especially the use of frequent, highly publicized sobriety checkpoints, which have been proven one of the most effective weapons in the war on drunk driving.
3. Enact primary enforcement seat belt laws in all states because seat belts are the best defense against impaired drivers. MADD recommends the federal government give states a brief incentive period, followed by withholding federal highway funds from states that do not enact primary belt laws.
4. Enact tougher, more comprehensive sanctions geared toward higher-risk drivers -- repeat offenders, drivers with high blood-alcohol levels, and DWI offenders driving with suspended licenses.
5. Develop a dedicated National Traffic Safety Fund to support ongoing and new priority traffic safety programs.
6. Reduce underage drinking -- the No. 1 youth drug problem - through improving minimum drinking age laws, adopting tougher alcohol advertising standards and increasing enforcement and awareness of laws such as "zero tolerance drinking-driving" and sales to minors.
7. Increase beer excise taxes to equal the current excise tax on distilled spirits. Higher beer taxes are associated with lower rates of traffic fatalities and youth alcohol consumption.
8. Reinvigorate court-monitoring programs to identify shortcomings in the judicial system and produce higher conviction rates and stiffer sentences for offenders.

(Source: <http://www.madd.org/news/0,1056,4395,00.html>, accessed on 6/29/05)

Appendix B: JTO/Marin Institute's Ten Policies That Save Lives

1. Increase alcohol prices through taxes, particularly on beer.
2. Limit alcohol advertising and promotional activities that target youth.
3. Adopt laws to prevent alcohol-related deaths among young people.
4. Require equal insurance coverage for drug and alcohol treatment.
5. Support the development of effective medications for addiction treatment.
6. Make screening for alcohol and drug problems routine.
7. Give higher payments to providers who get better results.
8. Require effective treatment and supervised aftercare programs.
9. Repeal policies that prevent ex-offenders from participating in society.
10. Support the work of community coalitions.

(Source: http://www.marininstitute.org/alcohol_policy/jto.htm, accessed on 6/29/05)

Appendix C.

Complying with the Drug-Free Schools and Campuses Act EDGAR (34 CFR Part 86)

At a minimum, each school must distribute to all students and employees annually:

- Standards of conduct that clearly prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol on school property or as part of any school activities
- A description of the applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol
- A description of the health risks associated with the use of illicit drugs and the abuse of alcohol
- A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students
- A clear statement that the institution will impose sanctions on students and employees (consistent with local, State, and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct
- The law further requires an institution of higher education to conduct a biennial review of its program to:
 - o determine its effectiveness and implement changes if they are needed
 - o ensure that the sanctions developed are consistently enforced

(Source: <http://www.edc.org/hec/dfsca/minrequi.htm>, accessed 6/29/05)

Addressing Problems in Large Unsupervised House Parties: Some Experiences from an Ongoing Initiative at the University of Wisconsin-Madison

Sudi L. Ceglarek and Aaron Brower, Ph.D.

Background

Across the nation, alcohol abuse poses a major challenge on college campuses resulting in a number of negative consequences including violence, noise and vandalism; sexual assaults and negative impact on overall academic performance (Hingson, Heeren, Zakocs, Kopstein, & Wechsler, 2002; Holder, Gruenewald, Ponicki, Treno, Grube, Saltz, Voas, Reynolds, Davis, Sanchez, Gaumont, & Roeper, 2000; Institute of Medicine, 1989; Wechsler, Lee, Kuo, Seibring, Nelson, & Lee, 2002). Funded by the Robert Wood Johnson Foundation, the Policy, Alternatives, Community & Education (PACE) Project at the University of Wisconsin-Madison (UW-Madison) started in 1996 with the primary goal to use environmental approaches, i.e., campus and community policy change, pricing, enforcement, rewards and incentives to students, to decrease high-risk drinking and its negative consequences on this campus. For example, in its efforts to promote a safe and healthy community, the UW-Madison has partnered with numerous campus and community agencies to address issues of availability of cheap alcohol; provide viable non-alcohol alternatives; undertaken educational efforts around consumption, and other related initiatives. We present this brief document as a guideline encompassing our experiences and suggestions based on project work to address the problem of large house parties, a common occurrence in college towns.

High-risk drinking is a significant public health problem at the University of Wisconsin-Madison as is evidenced by longitudinal data from the College Alcohol Survey (CAS) (see indicators pertaining to the UW-Madison campus, http://pace.uhs.wisc.edu/data_cas.php). The 2003 CAS data put the binge rate at 62 percent for the UW-Madison campus. About 74.5 percent of students surveyed by the CAS report having had a hangover; 31.4 percent have missed a class; 33.2 percent have engaged in unplanned sexual activity; and 22.3 percent have got injured due to their alcohol over-consumption.

The so-called “second-hand” effects of over-consumption are equally worrisome (Wechsler, Lee, Hall, Wagenaar, & Lee, 2002; Weitzman & Chen, 2005). These are effects experienced by those students who suffer negative consequences due to someone else’s drinking. Almost 66.7 percent have had to “baby-sit” an intoxicated peer; 63.6 percent report having had their studies or sleep interfered with; almost 30 percent have experienced unwanted sexual advances and an equal number have got into argument due to someone else’s drinking. Additionally, 26.3 percent report having had their property damaged due to another person’s drinking. In addition, project work with various university units, local health care and law enforcement agencies indicate that over-consumption remains a serious problem among college students on this campus necessitating combined university-community efforts at multiple levels that can effectively address the problem.

A number of reasons influence students' decisions to drink including effects of peer attitudes and role modeling, considered important for students eager to define their college experiences; the newness of college coupled with the desire to express independence away from home; ways to deal with stress; loss of familiar surroundings that trigger a sense of anonymity presenting opportunities to engage in risky behaviours; lack of negative consequences, particularly through inconsistencies in enforcement creating mixed messages and so on (Mosher, J., 1999; Wechsler, Kuo, Lee, & Dowdall, 2000). Data collected at campus-level suggest additional reasons as well such as consuming for purposes of relaxation, socializing, rewarding oneself etc. Other factors that shape the drinking norms of any given campus can include messages that students get from various campus units and the surrounding community; availability of alcohol; role of alcohol in sporting events; billboards around campus; alcohol density in the neighborhoods; and other related matters. In addition, recent research on statewide indicators suggests that a state's overall "drinking culture" might compound the problem by contributing to the rate of high-risk drinking (Nelson, Naimi, Brewer, & Wechsler, 2005).

Given both the enormity and inherent complexities in addressing ways to reduce the consequences of high-risk drinking in large public universities, clearly utilizing an "environmental approach" is necessary requiring an institution's need to effectively articulate, clarify, educate and where appropriate, examine needed policies, programs and practices on alcohol consumption and consequences both at institutional and community levels (Chaloupka & Wechsler, 1995; Erenberg & Hacker, 1997; Hingson, R.W., Howland, J. 2002; Murray, & Wagenaar, 1996; Wechsler et al., 2002; Wolfson, Toomey, Forster, Weitzman, Nelson, Lee, & Wechsler, 2004). Such an approach is also in step with the National Institute of Health's landmark report on ways to combat high-risk drinking in college campuses (National Institute of Health, National Institute on Alcohol Abuse and Alcoholism, 2002). In that report, the National Institute on Alcohol Abuse and Alcoholism presents a 3-in-1 framework wherein campuses will simultaneously focus on individuals, the student body as a whole, and the surrounding community in order to facilitate comprehensive models of intervention and prevention.

Therefore, in keeping with this model, the initial years of the UW-Madison's high-risk drinking project were spent on creating the groundwork to facilitate campus-community coalitions and on developing entries into the city and university systems. Within the context of the city, some examples of these entries include building partnerships with the city's Alcohol License Review Committee (ALRC), neighborhoods associations, local law enforcement agencies and healthcare organizations. In addition, we created collaborative opportunities to work with area property owners and landlords to address the problem of house parties and over-consumption in private apartment settings. We also expanded our work with numerous university-based partners such as the UW Housing, Chancellor's office, Admission office, Offices of the Dean of students, Inter-fraternity Council, the Pan-Hellenic Association, Wisconsin Union, and student government, to name a few in order to review alcohol issues from a broad campus and community perspective. As always, the overall goal of these collaborations was to seek input from a

wide range of stakeholders in an effort to examine current policies and to serve as a catalyst to explore new areas of specific interventions related to access and availability of alcohol, ID checks, curriculum infusion and class projects and community service opportunities.

Through our work on the aforementioned initiatives, it became apparent that as the city and the university engaged in efforts on better prevention and enforcement, it was equally imperative that we address the consequences of high-risk drinking that occurred in house parties, an all too common phenomenon on college campuses, including at the UW-Madison. There is a great deal of discussions on accountability in these situations since house parties are seen to be unlicensed venues dispensing alcohol at a cost. Often there is no control over the number of people attending which raises issues of capacity. Rarely are ID checks conducted at these parties. Additionally, at times police become involved only after problems have reached serious levels. Given these and other negative consequences associated with house parties, it was important for the PACE project and its partners to explore in some depth and come up with workable solution to address the problem.

Questions Shaping the Discussion on House Parties

Since project efforts are essentially participatory in nature, our goal was to work with a broad campus-community coalition that would facilitate a wider discussion on the issue in addition to developing strategies and recommendations that would comprehensively address the problem. Some broad key questions that framed discussions included: How to reduce risky situations to begin with and prevent problems from occurring at house parties? How might students and neighbors create a respectful neighborhood atmosphere? How to facilitate meaningful dialogue between students and landlords regarding parties? What were the best ways to address problems around noise and nuisance violations? In addition, several coalition members were also interested in exploring broad expectations that might serve as community guidelines on house parties.

Publicizing Initial Effort to Facilitate Broader Discussions

The first step towards a more concerted effort to address this complex topic took the form of an open public forum that was held in fall of 2002 at the university's union. We publicized this evening forum both in student and evening papers in an effort to encourage wider university-community participation. Forum participants included neighborhood representatives, students, city and university police, representation from the mayor's office; several university and project staff and representation from the industry. Topics discussed revolved around three themes: (i) general comments on the phenomena of house parties; (ii) reasons why house parties occur; and (iii) ways to continue the discussion and develop concrete steps to address the problem.

Forum discussions revealed several areas that needed attention including a need to educate hosts, partygoers and the community on the dangers of over-consumption at these parties; opportunities for guidance to keep parties safe; ways in which students, landlords and the police could work together to keep these parties from getting out of hand; find avenues to facilitate better communication and information sharing between

students, police and neighbors; develop a set of guidelines that keep these parties safe; and finally, ways to deal with unsafe situations.

Taskforce and Its Goals

An outcome of the forum was a consensus among a number of participants to organize a taskforce with the central purpose to comprehensively examine and help address the effects of alcohol over-consumption that occur in house parties. Throughout early fall of 2002 we communicated with our campus-community partners seeking recommendations on potential taskforce membership to incorporate wider public involvement into the initiative. Through phone calls and face to face meetings, we explained the goals of the project and more specifically, the house party initiative in an effort to encourage participation and by late fall we were able to organize the first Campus – Community Taskforce on House Parties.

Given the nature of the initiative and as this was a preliminary step towards creating a broader platform to address the problem, we were able to facilitate participation of key constituencies into the taskforce including representation from students, staff, university housing, chancellor's office, university office overseeing fraternities and sororities, city alderpersons, the tenants resource center, university and city police, private apartments and neighborhood representatives and residents. Overall, the taskforce was guided by three over-arching aims:

1. Facilitate developing a set of policies and procedures to make house parties safe
2. Recommend procedures to deal with unsafe situations.
3. Create a set of campus – community expectations that will serve as a guideline for house parties.

In order to maximize participation, all taskforce meetings were held at venues that could be easily accessed by campus and community members. Meetings were held in the evenings and refreshments were provided. Moreover, all meetings were open to the public. Both taskforce members as well as invited speakers were able to give presentations and share ideas within the context of either their role and or their agencies role related towards addressing house parties. Considerable amount of time was spent on meetings to discuss the challenges that house parties pose to hosts and party-goers and the consequences of these events on self and to those around them. In all, the taskforce met each month from October 2003 through May of 2004 before issuing its recommendations.

Recommendations

Given the complexity of the issue of alcohol over-consumption and its consequences within house party settings, discussions on the recommendations will always need to occur within a wider context. Overall, increased education of and greater communication between party hosts, partygoers, neighbors, police and others involved was deemed the preferred approach. As such students, police, landlords and neighbors were identified to be key stakeholders and communication and information sharing among these groups were seen as crucial. While education was the preferred approach for all the stakeholders; enforcement was seen as a necessary step when the health and safety of the community

was threatened. The taskforce also recognized that initiatives to address the problem would have to be ongoing and depending upon a specific intervention, additional resources might need to be allocated with matters of health and safety guiding such decisions. Outlined below then, are specific recommendations by the taskforce on ways to address over-consumption in house parties within the four themes: education, awareness, accountability and enforcement.

I. Education

1. Establish and communicate clear campus and community expectations as well as define the consequences of unsafe house parties.
2. Inform students on ways to drink responsibly through educational campaigns in resident halls and in the wider community and facilitate student access to alcohol education programs.
3. Develop materials for student use on how to conduct a safe house party.
4. Have landlords distribute tenant rights and responsibilities pamphlets with all student fall leases.
5. Continue community-building efforts that create a sense of cohesion among students, law enforcement and neighborhood residents.
6. Provide a better transition for students from university housing to private leases.
7. Facilitate communications between long-term residents and students during move-in time in fall.

II. Awareness

1. Create better awareness between student and permanent residents of the Madison Police Department's community police efforts.
2. Establish forums for new tenants to provide more familiarity with the terms of their lease and their obligations if they host a house party.
3. Promote broad community awareness of individual safety as it relates to the negative consequences of high-risk drinking.

III. Accountability

1. Engage landlords in resolving unsafe house party situations.
2. Consider specific language in leases to address hosting parties.
3. Inform elected officials (alderpersons) of problem areas in order to help meaningful solution-focused discussion of the problem in aldermanic districts.
4. Involve the police when health and safety issues are at stake.

IV. Enforcement

1. Issue citations for large, unruly parties.
2. Stringently explore lease clauses when serious city ordinance violations occur as a result of a house party.
3. Examine opportunities of more concrete partnerships with the offices of dean of students on address problems related to house parties.
4. Explore a restorative justice approach as a response to house party infractions.

Current Results

A direct and early result of the taskforce's work led to the creation of the highly popular booklet, "Throwing a House Party: A Guide by and for UW Students." Authored by student participants of the house party taskforce, this booklet has been well received by

the campus and the community. Moreover, several campuses within the UW system as well as a number of major universities across the nation have sought our help to utilize the guide as a template to develop similar brochures on the subject at their respective campuses. The guide may be accessed electronically at <http://www.uhs.wisc.edu/docs/houseparty.pdf>.

Furthermore, in fall of 2004, the city conducted a review and raised some of its alcohol-related fines. Thus, fines on dispensing alcohol without a permit (a common infraction at house parties) as well as those related to noise violations were increased considerably. Other fines increased were disorderly conduct and unlawful possession or consumption. Additionally, the city of Madison has seen a tremendous growth in student housing, particularly in private high-rise residences. Increasingly, these apartments have clear lease language forbidding the presence of kegs and large parties. On occasions, city police officers might contact landlords when they stop by to address house party infractions over the weekends. In turn, landlords take the opportunity to follow up with the hosts/residents on these interventions.

Conclusion

Still, as has been reiterated elsewhere, the problem of house parties is a complex phenomenon and addressing the dangers and consequences of over-consumption in these settings require a multi-level effort over a considerable period of time. Therefore, we will continue our efforts in this area. Currently, we are exploring educational interventions that might be implemented during the four weeks at the beginning of the school year to address student drinking with specific emphasis on incoming first year students. The topic of lease language that can help to address house parties in existing stand-alone apartments also presents opportunities for future intervention.

However, even as we progress through our work on the initiative, some of our earlier efforts have helped us along the way. For example, a key to success for our strategies has been a broad campus-community coalition model. Given the enormity of the task of reducing the consequences of high-risk drinking, it would have been perhaps impossible for staff to propel work on various project goals without the support of a wide range of partners. Thus, wherever possible, we took the necessary steps to create campus-community work groups that have facilitated our work. At the same time support from the leadership of the university has also helped us towards achieving some of our objectives. We have spent considerable effort in facilitating involvement of the university's administration into our project efforts and decision-making processes and have been able to incorporate feedback from planning stages to evaluation.

Additionally, student involvement was an integral part of our work on house parties. While it is impossible for a small group of students to serve as a "barometer" on their peers' perception, nonetheless, their involvement proved invaluable towards informing our discussions. Finally, it was important that we continually evaluate our work on house parties. We regularly analyze local police data related to alcohol and crime, the results of which continue to shape much of the dialogue. In addition, participation in the College Alcohol Study also provides us with valuable trends information as we think of

environmental changes related to policies and programs. We plan to analyze these data as part of our future evaluations of some of the implemented strategies, which might reveal more opportunities for intervention.

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Toward “Shared Responsibility”: Designing Environmental Messages for Local Stakeholders

Thomas A. Workman, Ph.D.

A host of public health institutions including the National Institute of Alcohol Abuse and Alcoholism (NIAAA), the U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, the American Medical Association, and the Harvard University School of Public Health have recommended that practitioners employ the environmental model as part of a comprehensive approach to reducing college alcohol abuse. Based on the framework of social ecology, the model posits that alcohol-related harms can be reduced by changing aspects of the environment that support the high-risk drinking behavior of college students. In the 2002 report, the NIAAA Task Force on College Drinking outlined five elements of the college environment that needed to be addressed by campus-community coalitions:

- Widespread availability of alcohol to students
- Aggressive marketing and promotion of alcohol
- Excessive unstructured free time for students
- Inconsistent publicizing and enforcement of laws and policies
- Student perceptions that high-risk drinking is the norm

Essential to the success of this model is the ability for local coalitions to build an awareness and comprehension within the community and among key stakeholders for this style of prevention, a task that has proven to be challenging for many of the ten “A Matter of Degree” (AMOD) sites funded with a mandate to establish environmental strategies in their localities. Though evaluation of the effort has shown promise (Weitzman, Nelson, Lee, & Wechsler; 2004) the concept of “environmental thinking” is difficult for most students, faculty, administrators, local community members and media reporters to grasp, let alone embrace. Even those who have worked with college alcohol issues on a daily basis have struggled to fully understand or incorporate the concept of environmentalism into their thinking.

This is actually not surprising. Recognizing environmental contributors to behavior is counter to a culture that remains centered in “individual responsibility” for every type of health issue from obesity to cancer. Even though experts have documented a shift toward the public health paradigm when addressing alcohol issues in the United States (Gusfield, 1996), health remains a personal rather than a social issue in the minds of most public citizens. Lawrence Wallack (1990) points to television and other forms of popular media for the association, believing that the media, “reinforces the concept that health and disease are ultimately matters best understood at the individual level” and adds that because of this frame, public discourse about health focuses attention “to the individual but not the environment in which the individual lives” (p. 150).

Also not surprising, then, is the fact that the vast majority of theory and research on health messaging focuses on changing individual health behaviors rather than engaging citizens in changing environmental factors that influence those behaviors. The prevalent health persuasion theories of the day—Ajzen and Fishbein's (1980) Belief Expectancy Theory, Petty and Cacioppo's (1986) Elaboration Likelihood Theory, Witte's (1995) Persuasive Health Message Framework, and DiClemente and Prochaska's (1985) Stages of Change Model—are all based on communicating messages to individuals so that they may avoid unhealthy or adopt healthy behaviors. Many of the alcohol education and social marketing campaigns used in college settings today employ these models with a wide range of results. The focus, however, remains on the individual as the locus of the health problem as well as the target of the persuasion.

Environmental messages are often relegated to the general category of “media advocacy” (Wallack, et. al., 1993), where current literature posits that the communication channel—the mass news media—takes center stage in order to influence the ultimate target of community decision-makers. Media advocacy experts encourage the use of data to accomplish the task, but provide few practical guidelines into the development of strong and salient arguments or appeals that influence the specific decision-makers of a local community.

How, then, do practitioners effectively communicate the role of the environment in creating alcohol problems to the rest of their campus and community? Given the mandate to adopt environmental strategies, several of the *A Matter of Degree* sites have had practical experience in this activity with a variety of results that have yielded a rich set of lessons learned. This essay will use the experiences of several campus-community coalitions that attempted to communicate environmental messages to local stakeholders as a way to further our understanding of this new genre of preventive communication. After establishing a basic understanding of the goals and structure of environmental messages, this essay will provide practical examples within local communities and the lessons learned in their design and implementation.

Environmental Messages: The Basics

Simply stated, “environmental health messages” are messages that are framed to create a symbolic association in the mind of the receiver between an aspect of the environment and its potential influence on health behavior, persuading a collective society to attend to the environmental element in order to influence the health of the population.

Foundational to environmental messages is the public health philosophy of “shared responsibility,” where both the individual and the society as a whole share equal responsibility for health conditions. The individual, as an independent agent able to exercise choice in health behavior, has the responsibility to make choices that result in good health for him or herself as well as for the population. Those who control the environment, however, also have a responsibility to create conditions that support healthy choice-making by individuals and to eliminate elements of the environment that encourage unhealthy behavior.

Community members and policy-makers are usually the targets of environmental messages for obvious reasons; policy-makers are targeted because they have the power and ability to enact and enforce new policies that will support healthy behavior across a population, and community members are targeted with the hope that they will provide additional political pressure on the policy-maker to address the environmental element.

In a comprehensive environmental prevention plan, however, it's important to think of these targets beyond their typical personas of legislator (or city council member) and voter. The policy-maker targeted with environmental messaging might be the manager of a convenience store, bar, or restaurant, and the community member with the most influence on this policy-maker might be his or her customers. Another policy-maker worthy of environmental message targeting might be a campus administrator, with a range of key community member constituents ranging from faculty/staff, students, and parents. In fact, as will be seen in the case studies, environmental messages sometimes fail because they were targeted to the wrong set of community members or policy-makers.

As is true with all persuasion, a community member or policy-maker won't be moved to action from a single, generic environmental message. Effective persuasive campaigns require strategic audience analysis and message testing, along with ample message delivery in mediums that are best suited to those audiences. Critical to good environmental messaging is a thorough analysis of the political and social structure so that appropriate audiences can be targeted, as well as a thoughtful strategic timeline of messages, communication channels, and spokespersons that progress persuasion through the stages of community readiness. Also essential is feedback and evaluation to ensure that the campaign is not sending messages "into the void" but is actually reaching the intended audience.

Media advocacy is the strategy most often recommended to communicate environmental messages. Media advocacy is primarily involved in the creation of messages that are delivered by existing news media sources about an environmental strategy that is offered to solve a specific health problem. In their book on the subject, Wallack, Dorfman, Jernigan and Themba (1993) state, "Media advocacy can be a significant force for influencing public debate and putting pressure on policymakers by increasing the volume of the public health voice and, in turn, by increasing the visibility of values, people, and issues behind the voice" (p. 2).

There is sufficient evidence that media advocacy approaches can yield environmental change, but there are important caveats to consider when adopting this mode of environmental message-sending. In many cases, framing a health issue around an environmental aspect actually involves cognitive "reframing" for audiences who have traditionally defined alcohol problems around individual responsibility. Wallack (1990) argues that such "social/political" explanations for problems are much more complex, making them more difficult to communicate through most mass communication channels. Environmental messages sent solely through the mass news media can get off target quickly from their foundation of "shared responsibility" and instead attempt to shift all

responsibility onto the environment (or worse, to those who control it). Audiences easily dismiss such arguments, resulting in a failure to change policy. In smaller municipalities where positive relationships are critical to the success of political accomplishment, such miscommunication can yield tragic results. It may be difficult to receive cooperation from local officials after a coalition has publicly humiliated them in the media by blaming them for the unhealthy drinking of college students.

Therefore, careful attention must be made to both the construction of the environmental message and the channel used for communication. Particularly important to effective environmental messages is the logical conclusion made from the nexus between the environmental element and the health problem, which should result in corrective action by the community rather than blame.

As is true of all “civic” discourse, environmental messages consist of both arguments and appeals. Arguments are logical conclusions drawn from evidence. Appeals enhance arguments by offering emotional, logical or credible support. Although there are several models of argumentation a communicator can follow, all arguments basically follow a structure known as a logical syllogism, where a major premise (a general truth that can be applied across any situation) and minor premise (a specific truth about an actual situation) are supported by evidence and lead to a “logical” conclusion. In the case of environmental arguments, the conclusion should be one of action; premises lead us to the conclusion that something must be done rather than the simple knowledge of fact. An example within the context of collegiate alcohol consumption might be:

Major Premise 1: National research suggests that college students are price-sensitive; the lower the price of the drink, the more likely students will drink heavily.

Major Premise 2: Local data suggests that patrons who drink heavily are more likely to become intoxicated and engage in assaults, drunk driving, and other behaviors that affect the health and safety of the city.

Minor Premise 1: A significant number of bars in Lincoln offer “quarter draws” and \$1 “big (28 ounce) beers” on Thursday and Friday nights because there is no policy keeping them from doing so.

Minor Premise 2: Police data indicates that public intoxication, assault and drunk driving rates are highest in the vicinity of Lincoln bars during Thursday and Friday nights when bars offer these specials.

Conclusion: Students are more likely to drink heavily at Lincoln bars on Thursday and Friday nights unless we intervene by creating a policy to restrict price specials or to enforce policies that eliminate service to intoxicated patrons.

Creating an environmental argument requires grounding both major and minor premises in some form of credible, easily comprehended evidence in order to be successful. For

this reason, media advocacy experts suggest that proof for these premises come from credible science and local data that creates the nexus between the element and measured behavior. Credibility of the information is also enhanced by the use of a spokesperson that is trustworthy in the eyes of community members and officials.

The use of scientific evidence combined with strong local data has been a critical element to the successful environmental messages used by AMOD coalitions. As credible as a national research study may be on the impact of an environmental influence on college student consumption rates and problems, only local data have the power to “make the point” ring true within a community.

Several of the cases described later in this chapter will demonstrate the power of local data and provide good examples of data that had the most impact. As is demonstrated in these cases, there are several ways to provide compelling evidence to support environmental influence claims. One method, however, is particularly worthy of note: Graphic Information Systems (GIS) mapping has been employed by a number of coalitions across the United States as an excellent way to provide the community and the media with the nexus between the geographic environment and alcohol-related harms in a community. GIS systems take police data such as calls for service, assaults, or noise complaints and “map” the data, connecting them to specific addresses or liquor licenses in order to identify any relationships between the data and the location.

Any data can be mapped geographically; UNL has a geographic map showing which neighborhoods of Lincoln house commuter or “off-campus” students, for example. Given the increased use of technology, many local police departments now have access to GIS and simply need input from community organizers on ways in which the information can be put to good use. Several AMOD sites have employed GIS mapping as a successful tool to communicate environmental messages about the relationship between outlet density and crime, drink specials surrounding a campus, or perennial neighborhood complaints about “party houses” that lack active management by landlords. In many cases, the map provides a picture that is worth more than a thousand words.

Environmental appeals extend arguments by employing emotional and logical proofs, often in the form of narratives, analogies, visuals, and testimonies. Though they cannot (and should not) replace arguments, appeals are often effective in contextualizing and personalizing the environmental argument. Playing a videotape recording of “bar break” where hundreds of intoxicated students pour out of the local bar that offers drink specials can enhance the argument made concerning the nexus between drink specials and high-risk consumption for the city council or other community groups. Having alumni share their testimonies about the amount of drinking they did at tailgate parties on campus, or having a group of community leaders view (or even pick up) the littered beer cans and bottles created by the multiple tailgate parties in neighborhoods surrounding the stadium can significantly strengthen the argument about the impact of not enforcing policies at campus sporting events.

Two cautions, however, about the use of appeals: First, there is plenty of evidence to suggest that using a graphic and emotional image of an environment or its impact—particularly if it creates a negative emotion such as fear or despair—may have an immediate effect, but won't yield sustained persuasion (Monahan, 1995), which is essential for the long haul of policy change. Second, appeals must be framed toward calls for action, so that emotions roused by the appeal have a context; dissonance theory (Festinger, 1957) suggests that we work to relieve ourselves of distressing emotions, so supplying a viable solution following an appeal is an effective way to enhance its impact.

Environmental messages, then, are a different breed of health messages that are designed to help communities understand the relationship between the practices and policies of a community and a specific health problem with the goal of influencing changes in such policies and practices in order to support healthier individual behaviors. Like all persuasion, they must be tailored to the specific target audience, communicated consistently to the point of audience saturation, and delivered with skill and expertise.

The following examples serve as practical illustrations of the practice of environmental message creation and delivery by community coalitions created through the AMOD program. Some of the examples resulted in success by bringing about environmental change while others failed to convince the community sufficiently to address the issue. Both successes and failures have much to teach us about the challenge of communicating about environmental issues to localities. The cases that follow later in this chapter all surround one of the suggested environmental elements of the NIAAA report.

One important caveat, however: These case studies focus almost exclusively on the *communication* used to assist environmental change, and not on the community organizing, policy strategy, or political groundwork that was essential in accomplishing change. The focus here will be, simply, on what *communication* goals and strategies were used to assist the effort, and what lessons were learned about communicating environmental messages. More complete descriptions of the environmental efforts themselves can be obtained from the individual coalitions.

Environmental Messages at AMOD Sites

Widespread Availability: Painting a Picture of “Problem Licenses” in Lincoln, Nebraska using data charts

The issue: Among the goals of the NU Directions Campus-Community Coalition in Lincoln, Nebraska was the reduction or control of the proliferation of alcohol outlets in the city. Currently, Lincoln has approximately 300 liquor licenses; 100 of them are within a one-mile radius of the University of Nebraska-Lincoln campus. More than twenty of them are within two blocks of the downtown campus in the heart of the entertainment district. Several of these establishments have focused their marketing and promotion on college-aged drinkers. It is not unusual to find anywhere between one to two thousand young adults in various stages of intoxication crowding the streets at “bar break” on a Thursday, Friday, or Saturday night.

Research conducted by the coalition found that density was a more significant issue depending on the type of license involved. Bars that sold alcohol as their sole or major source of income were far more likely to have intoxicated patrons in protective custody, were more likely to engage in high-risk promotions, and were more likely to have calls for service by Lincoln police. This information, along with research on the success of conditional licenses, led the coalition to seek conditions on “high-risk” licenses in the city of Lincoln.

The communication goal: The coalition wanted the community and policy makers to understand the relationship between outlet density and alcohol problems, building the argument that outlet density has the greatest impact on bars who sell alcohol without food service. The goal of the argument was to convince policy makers that requiring conditions for such licenses prior to approval was necessary in order to prevent additional civic harms caused by the establishments.

The communication strategy: A daily police media briefing was used to disseminate information about density and problems. The “lead” provided for the media was the announcement that the city’s Protective Custody facility would communicate “last drink” data directly to the police and city officials as an enticement for media coverage of the issue. Several charts were created to communicate the “problem” leading to the change in policy. First, a chart illustrated the number of patrons in the city of Lincoln who were admitted into protective custody admissions and their average blood alcohol content that showed up on “last drink” reports most often (see Figure 1). Spokespersons explained that out of the 300+ licenses in the city, the majority of the protective custody admissions had come from ten bars—eight of which existed within a three-block area close to campus. Without naming any establishment, the chart provided an accurate depiction of the message that some licenses are creating more problems than others.

With the lead story established, the coalition leaders elaborated on outlet density and the particular problem it creates for bars who sell alcohol as their major source of revenue. A chart demonstrated the issue of outlet density in the city by comparing the growth rate of liquor licenses to the growth in population, UNL student admissions, and other indicators (see Figure 2). As the growth rate more than doubled the rate of population growth for the city, the chart provided a simple visual image of proliferation and even offered community members (via spokesperson explanation) an understanding of the role in legislative changes that led to the accelerated growth. Using growth rate comparisons also enabled coalition spokespersons to argue that the number of licenses in the city had oversaturated the population, leaving businesses vulnerable to higher rates of failure due to heavy competition.

Finally, actual advertisements from downtown bars (with establishment names removed) provided “real life” evidence to the argument that a dense collection of alcohol-only establishments that sold alcohol as their only source of revenue were more likely to engage in high-risk promotions in order to remain competitive. Spokespersons were then able to make conclusion statements that connected the argument: Lincoln was oversaturated with alcohol-only licenses, and the result is fierce competition that is

leading to high-risk promotion and over-service among a small group of problematic establishments that exist within a “high-risk” area of the city. In order to reduce these problems, conditions should be established at the time of licensing to help potentially high-risk establishments guard against high-risk promotions or service.

The outcome: The exposure of this message yielded support from the community and city officials when Police Chief Tom Casady recommended that conditions be established for a new license proposed in the area. Conditions for similar licenses in the city’s entertainment district are also subject to conditions prior to approval by the city council. Impressed by the outcome, the state’s Liquor Control Commission also adopted the use of license conditions for high-risk licenses across the state. Conditions have yet to be challenged in court. A legislative bill offering local control over outlet density was introduced in the state unicameral and is in the process of being rewritten.

Lessons Learned:

1. Have a plan in place to “inoculate” the counter-arguments from opponents before they ever emerge. Involvement by the hospitality community was essential throughout the planning process to ensure that local bar owners didn’t feel targeted by the coalition’s message. Messages were reviewed with local hospitality representatives from the coalition, and spokespersons from the city’s Responsible Hospitality Council who were also local licensees were included as sources in media kits and briefings. As anticipated, the media went directly from the media briefing to get hospitality industry perspective on the subject, and found dissention only among hospitality owners and patrons that lacked credibility with the community. Without prior warning and negotiation, hospitality industry spokespersons could have undermined the message and accused the coalition of being prohibitionist and anti-business.
2. Nothing matches the power of a picture. Having a visual representation of the data increased the likelihood of television and print coverage, increased community and policy-maker comprehension of the complex message, and enabled easy repeat messaging in follow-up communications through presentations, newsletters, city council meetings, etc.
3. Follow-up matters. Don’t expect a single successful media conference to complete the task. Instead, build upon successful communication of environmental messages by finding opportunities for multiple spokespersons to repeat the message in a variety of incidents and related situations. Not long after the conference, several incidents downtown involving intoxicated patrons were perfect opportunities for coalition spokespeople to repeat the message of how competition (via density) leads to high-risk practices and problems. But even those opportunities needed additional messaging in other contexts, such as city council briefings and other civic presentations, to help move from the general understanding of the environmental nexus to the adoption of new policy.

Communicating Environmental Influence Using GIS Mapping: Ending Happy Hours in Madison, Wisconsin

The issue: A dense cluster of bars surrounding the University of Wisconsin-Madison (UWM) rely heavily on drink specials to compete for patrons, many of whom are UWM students. Members of the PACE coalition recognized the impact of hospitality establishments near campus as part of their scan of the environment and set a goal to address the issue. Research revealed that the promotions were having a significant influence on the drinking behaviors of patrons, resulting in a variety of primary and secondary harms ranging from vandalism to assault. The PACE coalition determined that the best policy solution would be a city ordinance prohibiting drink specials in the downtown Madison area, especially during high-risk periods.

The communication goal: The coalition wanted community members, hospitality owners, and city policy makers to understand the relationship between price specials (particularly those occurring during prime college student drinking hours on Friday and Saturday nights) and crime in order to support a policy prohibiting drink specials.

The communication strategy: GIS mapping was employed by the coalition to paint a “progressive picture” of the relationship between bars offering specials, their location to campus, and the number of crimes reported in the same area. GIS maps were layered in presentations that first showed the density of Madison bars near the UWM campus, then showed the proximity of bars with price specials around the UWM campus, and finally, a visual representation of crime reports, including disorderly conduct (fights, assaults, and aggravated batteries), liquor law violations, and vandalism by location, which showed the highest amounts of these crimes occurring in the same area as the drink specials.

The GIS maps were displayed and discussed at coalition meetings and in presentations throughout the community, including the Tavern League of Madison, as a way to begin dialogue about the aspect of the environment and potential solutions to the problems it created. “We showed the maps as often as we could,” stated Jonathan Zarov, the Communications Manager for the PACE coalition and UWM’s Health Services, “Whenever we had a chance to talk to the public about drinking at UW, we included the maps as a way to show the influence of the environment.” The coalition also presented the information to the media, who carried the story to the public, helping to build community consensus that drink specials were part of the problem.

The result: In September, 2002, the Tavern League created a voluntary limit on drink specials after 8:00 p.m. on Friday and Saturday nights. A group of 25 downtown bars pledged not to offer or advertise drink specials. According to a 2004 release from the PACE coalition, 19 bars continued the ban one year later. Though the coalition had hoped that city officials would institute an ordinance restricting drink specials, coalition leaders accepted the voluntary ban as a step in the right direction, but also with the caveat that they would continue to monitor data to evaluate its success.

Soon after the ban was established, a group of UWM students filed a lawsuit against the establishments involved in the ban, claiming that local bars were conspiring against University of Wisconsin students by price fixing drinks and taking away drink specials. A judge dismissed the case. Adding insult to injury, coalition evaluation of the ban in 2004 revealed that crime continued to increase rather than lessen in the area. The PACE coalition released a news report of the increases, using comparison charts of crime rates prior to the ban and one year later to make the visual point that the voluntary ban created by the Tavern League was, in fact, not working. Rather than allowing critics to assume that the original advocacy by the coalition was misguided, the coalition took a proactive posture and framed the issue for the media around the need for better policy solutions. Doing so kept the issue of price specials and their impact on student drinking in the news, and led to a report about the chair of the Alcohol License Review Committee's consideration of a citywide ban on happy hours and drink specials modeled after Illinois law.

Lessons Learned:

1. Keep the message focused on the intended outcome. The local Tavern League was quick to respond to community pressure created by the PACE coalition, but the original goal of the messaging was to support a city ordinance rather than a voluntary ban. The message about the relationship was clearly received; city officials saw the relationship, but rather than looking to city ordinance or state liquor control law to solve the problem, they focused pressure on the tavern owners, who sought their own solution. Keeping every presentation of the message centered on the desired solution (rather than simply on the environmental nexus) will help well-meaning stakeholders remain focused as they move toward action.
2. Bad news can be good. The PACE coalition was wise to return to the media with data showing that crime had in fact increased one year after the voluntary ban was put into place. Doing so enabled the coalition to refocus the message on the faulty solution rather than allowing critics to discredit the problem. This is a critical lesson that can be applied to a variety of environmental messages: Coalition leaders often worry that, after successfully advocating for an environmental strategy, any data showing a lack of problem reduction will undermine the credibility of all future advocacy. Careful communication strategy can yield the opposite effect: Leaders can show negative data trends as evidence that the community has yet to find viable solutions to negative influences within an environment. The PACE coalition wisely reframed the evaluation data of increasing crime rates among the downtown bars involved in the voluntary ban to make the point that other measures – such as a citywide ban – is needed.

The desire to assume that negative trend data is “bad news” is understandable but inaccurate. Negative trend data simply refocuses the message from “Look! Our solution is working!” to “We still have a problem.” As much as a coalition wants to see their efforts end in success, negative data is still a powerful tool to energize the community toward continuing to address an aspect of the environment.

Finding the Party in Lincoln, Nebraska

The issue: Harvard College Alcohol Study data for the University of Nebraska-Lincoln has consistently shown what many NU Directions coalition members already knew: when a university enforces its policies restricting alcohol use on campus, student parties move into surrounding neighborhoods. The coalition worked with the Lincoln Police Department to create the “Wild Party Patrol,” which used targeted enforcement to respond to party-related complaints called in by neighbors during prime college party weekends such as the start of the academic year and graduation. Students involved in wild parties either as hosts or guests received a variety of citations, ranging from Maintaining a Disorderly House, Procuring for a Minor, Sales of Alcohol Without a License to Minor in Possession and Public Urination. Extensive media coverage of large police busts in the beginning of the academic year sent a message to students that either the university or the community would not tolerate off-campus alcohol violations. The result was that, following the first weekend of active enforcement, problem parties became more difficult for police to find.

Parties involving high-risk drinking continue to occur, however, particularly in the same location, at the beginning of the academic year. The coalition needed stakeholders to recognize the impact of “party houses” that changed tenant hands often but remained central locations for dangerous parties, and create new strategies to address “perennial” party houses.

The communication goal: To establish a clear picture for neighborhood stakeholders (police, the NU Directions coalition, neighborhood association officers, and landlords) as well as the city council’s Internal Liquor Committee about the relationship between rental property type and management and neighborhood disturbances in order to support the potential citation of landlords for maintaining disorderly houses.

The strategy: Citizen complaints about noise and other problems related to parties over an extended period of time were mapped by neighborhood using GIS technology, creating a picture of “party house” locations by neighborhood and address. The GIS map was used to support the claim that the majority of cases involving citizen complaints were from rental properties (not all of whom were occupied by students – a fact that would also be used in later communications with neighborhood associations convinced that the problem was the sole responsibility of UNL). In several geographic locations, the map identified specific apartment complexes owned and managed by a sole landlord or company, as well as specific types of housing units that seemed more prone to becoming popular party locations. Not surprisingly, the map showed that large (four bedroom) apartments that had no resident managers present were most likely to become “party” houses for students and others.

This information was used to communicate to City Council members that the city’s Internal Liquor Committee should address property managers in the same way it addresses hospitality establishment managers: communicating with them about ongoing problems with their property and encouraging them to rectify policies or practices that enable these problems or face citations for maintaining a disorderly house. The

information was also used to argue to landlords and property managers that they should utilize and enforce model lease agreements that prohibit high-risk activities on the property.

The map was also used to identify neighborhoods for the coalition to conduct “roundtable” discussions (also called study groups) involving students, landlords, police, and neighbors in neighborhoods with the highest activity. The roundtables yielded a number of specific recommendations for addressing alcohol-related and other quality-of-life problems in these neighborhoods, as well as creating a new attitude of open dialogue among stakeholders in areas most impacted by students and other transient populations. The study groups proved to be an effective way to correct misperceptions by both students and permanent residents about the source of quality-of-life issues in the neighborhood. Coalition leaders were able to encourage communication between neighbors and renters who host parties regularly, some (but not all) of whom are UNL students, as a way to solve problems. GIS information was used to communicate to neighborhood associations that the problems the neighborhood faced with “party houses” is directly related to the number and type of rental units you’ve allowed in the area. Active involvement with landlord and property management is a strategy you can employ to improve quality of life for the neighborhood.

The result: The city’s Internal Liquor Committee began meeting with individual landlords identified by GIS mapping as having properties with chronic problems. In several cases, neighbor complaints about specific properties or complexes have dropped significantly. The Resident Roundtable has yielded a social marketing campaign designed to improve the relationship between students and permanent residents, piloted in one of the neighborhoods identified by the GIS map.

Lessons Learned:

1. Not every environmental argument needs to “go public.” While the use of the news media was effective in communicating the message of legal consequences for student parties, GIS maps of favorite party locations in Lincoln neighborhoods had no business showing up in the local paper and would cause more harm than good. Beyond the anger such negative news publicity would generate from area realtors, neighborhood associations, and city council members representing specific neighborhoods, giving GIS maps to the media would do little to advance a solution, which in this case involved cooperation and dialogue more than advocacy, which tends to polarize such issues. The GIS maps were very effective for their limited purpose in identifying locations where ongoing investigation and dialogue needed to occur. The information expressed in the maps were no surprise to the people living in the neighborhoods (or to the city council members who were receiving many citizen complaints), so sharing them in the media would be of little help in advancing the need to bring landlords, students, and concerned neighbors of specific high-risk neighborhoods into the conversation.
2. GIS mapping has utility beyond responsible hospitality. The use of GIS maps in area neighborhoods opens up a wide variety of possibilities for “making the case” for addressing areas where alcohol-related problems seem to cluster across

- campus and the community, such as residence halls (or floors), fraternity or sorority houses, tailgate lots, neighborhoods, and convenience store locations.
3. A system of data collection is essential to make GIS mapping work. Alcohol must be identified in a variety of crimes and violations on and off campus in order for a picture to emerge. Community organizers must invest time working with police and judicial affairs personnel to create a coding system that allows data to be entered quickly and accurately in order to make the most of this promising technology.

Using Public Opinion Poll Data to Influence Environmental Change in Baton Rouge, LA

The issue: The LSU Campus-Community Coalition for Change engaged in many advocacy efforts to educate Metropolitan Council members about the need to establish public policies to modify elements in the environment that were determined to encourage or sustain excessive drinking problems in the community. Whenever possible, coalition policy advocates reported national research results to demonstrate necessary linkages between proposed policies and the anticipated effect in reducing problems associated with high-risk drinking. Frequently, policy-makers would respond to the effort by asking, “Yes, but how do we know if Baton Rouge voters agree with those national research results?”

The communication goal: The coalition wanted to demonstrate to policy-makers that their constituent voters would support several desirable public policies to control alcohol problems involving university students in the community. Coalition members decided to ascertain the degree of local support for the following desired policy areas: a) defining excessive drinking and its relationship to community problems, b) limiting alcohol availability at public fairs and festivals, c) prohibiting the sale of low-priced “drink specials” in bars, d) controlling the advertising and marketing of alcohol in public venues, and e) reducing neighborhood problems associated with student “house parties.” To obtain the information necessary to convince policy-makers that they would not face political “fallout” for voting for the proposed ordinances, the coalition contracted with a local political pollster to conduct telephone polls of a random sample of registered voters in the city-parish.

The strategy: The coalition began by drafting the integral questions for each broad study area to answer the questions of policy-makers. The pollster edited the questions for ease of understanding by the respondents, and then a subgroup of the coalition further refined the questions with the assistance of the pollster. Two surveys were developed and administered over a one-year period. The first poll ascertained voters’ opinions about proposed mechanisms to control alcohol promotions, drink specials, and alcohol sales and consumption at public events. The second poll asked off-campus residents (students and non-students) about various mechanisms to control the alcohol problems near their neighborhoods. The pollster developed comprehensive reports for each poll detailing and interpreting the results.

The complete reports then were sent to each Metropolitan Council member to develop an awareness of their constituents' opinions concerning these issues. To further "soften the market," the coalition sent news releases about the results to the local campus and community media. The news releases led to several public interest stories in print and electronic media. Next, coalition members began applying specific results in public advocacy activities to support proposed ordinances.

Example: One proposed ordinance was intended to establish alcohol-free zones at public parades, fairs, and festivals where alcohol generally is permitted. The poll revealed that "80% or more say that excessive drinking causes an overall negative reputation or image of our community." Furthermore, there was strong community support for controlling alcohol at public fairs and festivals accessible to youth:

- Keeping alcohol booths away from children's activities (91%)
- Having family zones where alcohol is not allowed (81%)
- Limiting the number of alcohol booths at public events (74%)
- Not allowing people to bring their own alcohol to public events (68%)

Those results were inserted into advocacy issue papers, disseminated by selected coalition members to policy-makers, and discussed in relation to the proposed ordinance. Other selected coalition members presented charts and oral testimony using the same data when the ordinance was brought up publicly for the final vote.

The outcome: Realizing that they would have the support of their constituents if they decided to support the proposed ordinance, the ordinance unanimously passed. Further public advocacy followed to institutionalize the practice in the alcoholic beverage control office and the public works department.

Lessons learned:

1. Analyze the elements of your problem carefully, keeping your local culture in mind. Research strategies used by other communities to resolve their problems, compare each element with your own situation, and then determine what strategy is most likely to solve the problem locally. Investigate what arguments are likely to be presented by opposing parties and incorporate questions into your poll that will answer those usual arguments. You will save time in the long run by taking adequate time to determine where the pitfalls are likely to occur along the way.
2. Obtain assistance from a professional pollster or researcher to assure that the results of your poll will meet research rigor. Opponents likely will attempt to debunk both the procedure and the results.
3. Present the resulting data in multiple formats for the following audiences: a) the general public, interested primarily in the "big picture;" b) media professionals, desiring specific details about the process and the results; and c) policy-makers, looking for a practical and acceptable solution to the problem. Prepare an executive summary, a full report explaining all data in text and charts, a simplified poster showing results by voter districts, and friendly personal letters. Prepare visuals to help sell a convincing story to all possible audiences through the media.

4. Determine who are the most convincing presenters and make sure they take the time to practice the message, as public testimony can be intimidating. Practice to be able to present the results within the time allotted for the specific forum. Determined opponents know how to find the holes in the argument and may challenge the presenter publicly. An off-the-cuff answer to a question can doom the presentation to negative results.
5. You will enjoy the creative process of conducting your own research for the purpose of educating policy-makers who have the power to change the problem environment. You can achieve your desired results through this methodology, though it requires detailed effort and patience.

Conclusion

Though the four cases outlined represent only a small sampling of the kinds of environmental messages communicated through A Matter of Degree sites, they illustrate the importance of this form of communication in reducing high-risk drinking behaviors for college students. Getting a community that is bombarded with “individual responsibility” messages to begin to think environmentally is certainly a challenge, yet as more communities begin to see success in reducing alcohol-related harms by changing their environments, organizers should see less resistance. While these cases are in no means meant to be a prescriptive list of approaches, hopefully they provide some insight into the general use of environmental argumentation as a tool in prevention.

Still, much more work in perfecting this communication strategy is needed. Environmental messages have yet to be studied in depth to enable organizers to predict which arguments and appeals, or which forms of evidence, can yield the greatest success, or which audiences are most likely to respond to environmental appeals. Fuller case examinations, along with research using a variety of methodology, can shed additional light into this strategy and assist prevention efforts in creating changes to high-risk environments.

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College Undergraduate Binge Drinking: A Definitional Quandary yet Substantive Problem Nonetheless

Todd R. Gomez

Introduction

Binge drinking¹ by college undergraduate students has risen slightly, but has remained virtually unchanged since 1993 (Midanik & Clark, 1995; Wechsler, Lee, Kuo, Seibring, Nelson, & Lee, 2002). Notwithstanding, more students are drinking to excess. According to Wechsler and Austin (1998), approximately 44% of all undergraduate students in the United States are thought to be binge drinkers as defined by a five/four measure, i.e., five/four drinks in a row in one sitting within the last two weeks for males and females, respectively. More recently, the National Institute of Alcoholism and Alcohol Abuse (NIAAA, 2004) recommended adopting a consensus definition that defined binge as five/four or more drinks in about two hours. Irrespective of definition, many negative consequences related health, social, and academic issues have been shown to be associated with binge drinking behavior (Wechsler, Moeykens, Davenport, Castillo, & Hansen, 1995).

Health problems include the potential for injury because of intoxication, the acquiring of sexually transmitted diseases due to unprotected sex, and even death because alcohol use/abuse contributes to almost half of all traffic fatalities among youth in the United States (Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994a). Baer, Kivlahan, and Marlatt (1995) described adjustment problems that college- aged students might suffer because of the excessive use of alcohol as including depression, academic failure, and relational difficulties. Thomas and Seibold (1995) went further to include behavioral problems evidenced by the destruction of property, student-conduct offenses on campus, and/or arrests as legal sanctions often faced by college students who drink excessively. Because binge drinking among college-aged students is so widespread and the potential for harmful negative consequences is so great, continued research efforts in this area are warranted.

Purpose

This study was undertaken with two main objectives:

1. The primary purpose of this study was to contribute to the body of knowledge by offering recommendations that challenge current conceptual definitions and measurement of binge drinking.

¹ Binge drinking is a controversial term to refer to high-risk consumption of alcohol by college students. More on this can be reviewed in the essay *Binge Drinking: When Language Impedes the Practice of Prevention*.

2. A secondary purpose of this study was to explore whether findings are consistent with Social Learning Theory (SLT) tenets by examining family, peer, and Greek contexts where binge-drinking learning might occur.

Description of the Problem

Because alcohol use and misuse is so pervasive on college campuses, college administrators, counselors, and researchers alike are concerned (Thomas & Seibold, 1995). According to the Carnegie Foundation for the Advancement of Teaching, a survey of college presidents found that alcohol abuse was thought to be the most pressing issue on college campuses today (as cited in Wechsler, Isaac, Grodstein, & Sellers, 1994b). This view seems to be echoed by researchers who have referred to the heavy drinking behavior of undergraduate college students as an enormous social problem reaching epidemic proportions (Baer, Kivlahan, & Marlatt, 1995; Meilman, Stone, Gaylor, & Turco, 1990; Wechsler et al., 1994b).

Binge drinking in college occurs in a context of pervasive alcohol consumption. According to Thomas and Seibold (1995), varying by region of the country surveyed, 60-90% of the college population consumes alcohol--a figure 10-20% above the national average. Consistent with Thomas and Seibold's (1995) statement, Meilman et al. (1990) reported that approximately 90% of all students have used alcohol at least once. Beyond merely consuming alcohol or having engaged in alcohol usage, at least half of all college students drink moderate (i.e., drink four or less drinks on one occasion) to heavy amounts (i.e., drink five or more drinks on one occasion) as described by O'Hare (1990). Wechsler and Isaac (1992) reported that seven out of eight college students drank, and many drank heavily, i.e., five or more drinks in a row, over frequent periods. Heavy episodic drinking, i.e., binge drinking, poses consequences such as health, academic, and relational problems. Health consequences include physical symptoms such as nausea and vomiting, the acquisition of AIDS or other sexually transmitted diseases due to unprotected intercourse, unintended pregnancy, and accidental injury (Thomas & Seibold, 1995; Wechsler et al., 1994a). Wechsler et al. (1995) stated that heavy drinkers are at a greater risk for both acute problems (such as alcohol poisoning) and chronic problems (such as cirrhosis of the liver). College undergraduates who binge drink incur consequences that range from relatively minor consequences such as missing class to major consequences such as death.

Academic consequences for binge drinkers compared to non-binge drinkers include poorer grades, more missed classes, and academic failure due to falling behind in class (Baer et al., 1995; Wechsler et al., 1995). Schuckit, Klein, Twitchell, and Springer (1994) found that approximately one fourth of the subjects (n=721) studied had missed school because of a hangover or because they would rather drink than attend classes. In addition, attending classes drunk does little to reduce the downward academic progression of many college undergraduate binge drinkers.

Another potential consequence of binge drinking is the breakdown of interpersonal and institutional relations. Thomas and Seibold (1995) stated that relational problems can arise between the college student and friends, partners, family members, university administrators, and social control agents such as university and local police due to the student's actions. Ironically, these relationship difficulties may lead students to continue to binge drink because they may then feel isolated, lonely, and/or rejected.

According to Meilman et al. (1990), the fact that alcohol is the "drug" of choice on college campuses is not disputed. However, questions remain as to what "causes" students to binge drink and whether this behavior will subside or continue into adulthood. Baer et al. (1995) suggested that the pathways, development, and progression of college undergraduate binge drinking are poorly understood. One factor that contributes to poor understanding of binge drinking is definitional. Studies inadequately distinguish the nature of binge drinking from other forms of drinking (e.g., heavy drinking), because terms are often used synonymously, although intended conceptual meanings vary greatly. For example, Johnston, O'Malley, and Bachman (1989) defined heavy drinking as drinking five or more drinks in a row within the past two weeks. This is the same definition used by Wechsler et al. (1994a, 1994b) to define binge drinking. Because these terms and others are used interchangeably, conceptual and methodological confusion arises when one attempts to understand the nature of binge drinking apart from other forms of drinking.

Given the fact "that college student problem drinkers are more likely to become adult problem drinkers than are students who are not problem drinkers" (Heck & Williams, 1995a, p. 282), efforts must be undertaken to better understand the nature, complexity, and development of binge drinking by college undergraduates.

Definitional Issues

Conceptually, work must be undertaken to define binge drinking adequately because in its present form, the criteria used to distinguish binge drinkers from non-binge drinkers may overestimate alcohol abuse and related consequences. An examination of the literature follows which addresses the myriad of operational definitions used among researchers examining "binge-drinking."

The definitions assigned the term binge drinking vary greatly from author to author. For example, Corrigan and Butler (1991) defined binge drinking merely as not drinking everyday. Tomsovic (1974) stated that binge drinking was heavy drinking followed by abstinence. Moore, Smith, and Catford (1994) defined binge drinking as drinking half the recommended units of alcohol (i.e., United Kingdom recommended maximum number of 21 drinks for men and 14 drinks for women per week) in a single drinking session. Stockwell, Murphy, and Hodgson (1983) referred to binge drinking as drinking for three consecutive days with three consecutive days of abstinence (3 on/3 off). Wechsler et al. (1995) termed binge

drinking as 5 or 4 drinks in a row in one sitting for males and females respectively. Therefore, it seems evident that there is a lack of common agreement regarding what constitutes a definition of binge drinking.

Regardless of definition, there does appear to be common agreement that binge drinking by college students is both problematic and prevalent. Monitoring the Future Surveys conducted by the University of Michigan have found that college students drink more, and are more likely to binge drink, than non-college students (as cited in Wechsler et al., 1994b). If, in fact, students are increasingly drinking to get drunk, it may be that increasing numbers of college undergraduates are binge drinkers (Baer et al., 1995).

Although there appears to be general agreement among researchers that the prevalence of alcohol use and misuse among college undergraduates is greater than that found in the general population, agreement regarding incidence varies (Evans & Dunn, 1995). Depending upon the source, some studies have supported the notion that binge drinking by college undergraduates is frequent while others have reported conflicting results.

In support of the notion that binge drinking by college undergraduates is frequent, Wechsler et al. (1994a), in a large multi-college sample of 17,532 college students, found that of those sampled, 44% were binge drinkers (i.e., drink five or more drinks in a row) with 19% of those binge drinking frequently (i.e., three or more times in the past two weeks). Further, The Core Alcohol and Drug survey found 42% of college undergraduate students to be “heavy drinkers” in its national survey and the University of Michigan in its national survey found 41% of college undergraduate students to be “heavy drinkers” (i.e., drink five or more drinks in a row) (as cited in Wechsler et al., 1995). Moreover, Wechsler et al. (1994a) found that those who drank heavily were more likely to drink on ten or more occasions, and to have reported being drunk three or more times in the past month, resulting in negative consequences. These results imply that large percentages of students abuse alcohol and suffer negative personal, social, and academic consequences on a frequent basis.

Unlike the research cited above, Lavin (1980) did not find binge drinking to be as prevalent or frequent. Similarly, Temple (1986), in studying student alcohol use on the Davis and Berkley campuses in California, found that the number of drinks, drinking occasions, and greatest number of drinks on one occasion decreased over a six-year period among the students studied. The findings of a review by Berkowitz and Perkins (1986) call into question the severity of binge drinking as a problem on campuses. The authors noted that across studies, campus alcohol abuse studies vary from 6-72%. Temple (1986) further stated, “although a number of studies assert collegiate drinking is becoming an increasingly severe problem...there are little reliable data to support this assertion” (p. 275). It may be that these studies appearing in the 1980s have missed a phenomenon of the 1990s or that both lines of research may be correct for each decade.

One reason for the conflicting findings may be due to the lack of a standard, agreed upon, unifying definition. Definitions of binge drinking have ranged from vague to precise, but even the precise definitions are inconsistent. Because the researchers who study college alcohol use and abuse have failed to reach consensus on a definition for binge drinking, few results can be compared directly. More specifically, researchers often confuse or interrelate the terms “heavy drinking,” “excessive drinking,” “problem drinking,” “heavy episodic drinking,” “high-risk drinking,” “dangerous drinking,” and “binge drinking”. In fact, in the notes section of Wechsler et al.’s (1995c) article on college student binge drinking, the authors stated, “at the request of the editor of the *Journal of Studies on Alcohol*, the term ‘binge drinking,’ which we have used in other publications, has been changed throughout this article to ‘heavy’ drinking to connote heavy episodic drinking” (p. 634). To arbitrarily change the terminology compounds the definitional problem. Clearly, the conceptualization of what is binge drinking warrants attention.

Related to the conceptualization issue is the problem inherent in the methodology used to measure binge-drinking behavior. Nezlek, Pilkington, and Bilbro (1994) suggested that the inconsistency in results found across studies is related to the lack of distinction between total consumption and patterns of consumption (i.e., mean number of drinks across a time period versus patterned behavior criteria being met across a time period). According to Goransson and Hanson (1994), traditional quantity-frequency (Q-F) measures such as the one first introduced by Straus and Bacon (1953) only “assess frequency and amount of typical consumption and thereby neglect occasions or days when consumption exceeds the typical one, such as during weekends, holidays, and vacations” (p. 695). Extrapolating further, this study argued that the use of Q-F measures when studying the college population most certainly underestimates atypical consumption patterns, such as that which might be expected on special occasions, e.g., day of no classes before finals, the last night of final exams, spring break.

Another methodological deficiency often found in the literature is gender biased measurement. With the notable exception of Wechsler et al. (1994a, 1995), numerous studies have measured binge drinking for males and females using the same criteria. Brett, Graham, and Smythe (1995) were critical of the methods used and interpretations made by alcohol researchers who often “consider male experience as normative” (p. 24). Considering the fact that most researchers do not differentiate male and female use, yet cite what appears to be overwhelming evidence that males binge drink at rates far exceeding females, the criticism levied is valid (Meilman et al., 1990; Wechsler et al., 1994a). For example, when accounting for gender differences in metabolism and body weight, the findings of Wechsler et al. (1994a) revealed that of the 44% who were reported to be binge drinkers, “50% of the men were binge drinkers and 39% of the women” (p.1675). Thus, it would appear that better efforts must be made to address gender differences to ensure accurate reporting.

More work needs to be undertaken to adequately define binge drinking and separate it from other forms of abusive drinking, such as heavy drinking and continuous patterns of problem drinking. Adhering to Wechsler et al.'s (1994a; 1995) definition of "binge/heavy" drinking as five or four drinks in a row in one sitting, within the last two weeks only addresses a minimum level criteria and requires that it be met only once during the previous two week time-frame. This conceptualization is termed episodic binge drinking (EBD). More recently the National Institute of Alcoholism and Alcohol Abuse (NIAAA) (2004) approved a definition that defined a "binge" as a pattern of drinking which brings one's blood alcohol concentration (BAC) to .08 or above. For the typical student, this pattern would correspond to drinking 5/4 (male/female) or more drinks in about 2 hours. According to this author, although the NIAAA's definition more accurately captures the essence of binge drinking, it does not adequately account for what constitutes a "pattern." A more precise definition would account for a pattern of behavior being met over time with some discernible distinction being made between periods of heavy use and periods of intermittent light usage or cessation. By making reference to the binge eating literature, great strides may be made in better examining and articulating, "binge drinking" by college undergraduates.

The binge eating literature defines a binge as "rapid consumption within a discrete period and patterned behavior being met over time" (DSM-IV, 1994, p. 729). By using the concepts of binge eating, a revised definition of binge drinking could better estimate the number of undergraduates "at risk" for the most serious of consequences. According to the DSM-IV (1994), rapid consumption is defined as eating an amount of food that is most definitely larger than most individuals would eat under similar conditions; discrete period of time refers to a period of time usually limited to 2 hours in duration. The proposed definition for this study states that in order to meet the criteria to be labeled a chronic binge drinker (CBD) one must consume more than five/four (male/female) drinks within a five/four hour time-frame with a minimum average of two binge drinking episodes a week for a period of at least three months. This definition accounts for the inability of the body to process more than one ounce of alcohol safely per hour; further, this definition accounts for periods of heavy use and periods of intermittent light usage or cessation across a much greater time-frame. Therefore, the proposed definition's inclusion of rapid consumptive behavior being met over time, rather than merely once to be labeled as "binge drinker," may be a more useful indicator of the nature and severity of what constitutes chronic binge drinking. It must be noted, however, that episodes of drinking five/four drinks within the duration but failing to meet the minimum average of two binge episodes per month for three months were not conceptualized by this study to be indicative of chronic binge drinking; nor is drinking five/four drinks at longer duration conceptualized as chronic binge drinking. These drinking behaviors could be considered other drinking phenomena, e.g., episodic binge, episodic binge +, heavy drinking, problem drinking, but not chronic binge drinking.

In sum, this study views binge drinking as patterned behavior which occurs at least, on average, twenty-four times in a given three month period. This definition most certainly distinguishes “chronic binge drinking” from other forms of drinking in that it establishes drinking five/four drinks within a set time period as only part of the necessary criteria to label one a chronic binge drinker. Not only must drinkers meet the time-frame criteria, but they must also meet the criteria that suggest rapid consumption of a large amount of alcohol at more frequent, patterned intervals. This reconceptualization, chronic binge drinking (CBD), is differentiated from episodic and episodic + binge drinking because repeated behavior is thought to be indicative of the likelihood for more negative and severe consequences.

Context Learning of Binge Drinking

College undergraduate student binge drinking can occur given exposure to family and peer contexts that exhibit alcohol binging behavior. Binge drinking does not occur in a vacuum; binge drinking can be viewed as a behavior learned in social contexts. In young adulthood, two of the most important social contexts are family and peers (O’Callaghan, Chant, Callan, & Baglioni, 1997; Oostveen, Knibbe, & DeVries, 1996). Given the relative importance of family and peers it is plausible that they would affect the development of a variety of different behaviors, including binge drinking. One way social network members may affect individual drinking behavior is by modeling binge drinking behavior.

According to Berkowitz and Perkins (1985), family, peer, and environmental contexts influence problem-drinking behavior. More specifically, McCord (1988) stated that parental modeling of abusive/alcoholic drinking might lead to imitative learning of behavior. Similarly, Hartford and Spiegelner (1982) found that the presence of peers who condone drinking and who drink themselves was related to one’s onset of drinking and the nature of drinking.

Social Learning Theory posits that an individual learns from observing others in their social milieu; the family, peers, and society act as models whose behavior is “to-be-copied” or “to-be-imitated” (Lerner, 1986). Imitative learning is seen to take place through observations and exposure to the behavior of another, which is part of a larger process of socialization (Bandura, 1977). According to Aldous and Hill (1965), both family and peer groups may influence one’s socialization, with the greatest influence coming from the social grouping to which one is most connected.

Thus, binge drinking may be promoted in a social environment in which observational learning may occur vicariously. That is, one may learn through observing parent and peer behavior and consequences without having to experience consequences themselves. One does not have to directly receive reinforcements for binge drinking in order for such imitative learning to occur. Moreover, the concept of modeling allows for the possibility that other social contexts beyond the family and peers, such as Greek college fraternity and

sorority environments, may affect individual drinking behavior. Therefore, an examination of the possible contributions, singly and together, of parental, peer, and Greek contexts to the social learning of binge drinking appears warranted.

Given that individuals may be greatly influenced by family and peer relationships throughout life as well as from fraternity/sorority involvement in college, then familial, peer, and Greek contexts may be important agents of socialization. Of interest in this study are the parental, peer, and Greek organizational socialization factors—observation of parents and peers drinking practices—which are thought to influence undergraduate binge drinking attitudes and behavior.

A review of the binge drinking literature revealed that most studies conducted were atheoretical and merely descriptive in nature. When studies have been used to guide drinking research they have been generally limited to examining social or environmental factors, e.g., on-campus/off-campus housing, campus norms/culture, and have been particularly focused on problem drinking rather than binge drinking specifically. This study, while examining social/environmental factors, explored new ground by examining the ways in which social contexts are consistent with Social Learning Theory. This study extends previous work by examining social network contextual factors in an effort to explore whether parental, peer, and Greek environmental contexts are related to individual drinking behavior, consequences, and attitudes toward alcohol.

Methods

Sample

The sample included undergraduates drawn from human development and family studies courses and Greek organizations at a large southwestern university. Students were included if they were undergraduates whether they were Greek or non-Greek. Graduate students were excluded from this study because these students are thought to represent a different drinking cohort in comparison with undergraduate students. The total sample consisted of 822 respondents. Due to effects of age-associated outliers ($n=64$), cases with significant missing data ($n=59$), and multiple student questionnaire responses ($n=92$) (i.e., students were asked to indicate if they had already taken the questionnaire previously), the sample used for analysis consisted of 607 respondents. In the sample used for analyses, there were 359 females (59.1%) and 248 males (40.9%) overall. Regarding organizational affiliation by gender, there were 151 Greek females (42.1% of female n) and 208 non-Greek females (57.9% of female n), and 159 Greek males (64.1% of male n) and 89 non-Greek males (35.9% of male n). Ethnic populations represented were White, 88.8% ($n=539$), Hispanic, 5.9% ($n=36$), Black, 3.1% ($n=19$), Asian, 0.8% ($n=5$), and other, 1.3% ($n=8$). Additional characteristics of the sample used for analyses are described in the results chapter.

Procedures

Questionnaires were distributed to students in their classes or at Greek organizational meetings. Each student was informed that the study results were anonymous and confidential, and that participation in the study was voluntary. Students (either Greek or non-Greek) who completed the survey questionnaire in classes received some form of extra credit for participation in the study. Alternative opportunities for extra credit were offered to those students not wishing to participate. Students who completed the survey questionnaire at Greek organizational meetings were offered no extra credit. Students in classes and at Greek organizational meetings took an average of 25 minutes to complete the questionnaire. Institutional Review Board approval was obtained prior to the study.

Measures

The questionnaire consisted of six sections. These included a demographic section, the Children of Alcoholics Screening Test (CAST; Jones, 1981/82), the Short-form of the Michigan Alcoholism Screening Test (SMAST; Selzer, Vinokur, & Van Rooijen, 1975), the College Drinking Attitudes Scale (CDAS; Gonzalez, 1978), the Episodic Measure of Binge Drinking (EMBD; Wechsler, Dowdall, Davenport, Castillo, & Hansen, 1995c), and the Chronic Measure of Binge Drinking (CMBD; created for this study). Demographic questions gathered such information as gender, age, Greek status, Greek generation, ethnicity, religious affiliation, and location of student residence while attending college.

Independent Variables

Independent variables were student, parent, and peer drinking status, Greek status, Greek legacy status, and gender. Measures of binge drinking were viewed on a continuum that ranged from least severe non-binge drinkers (NBDs), to somewhat severe episodic binge drinkers (EBDs), to possibly somewhat more severe episodic binge drinkers plus (EBD+s), and finally to most severe chronic binge drinkers (CBDs). Students were asked about their own drinking, their parent's drinking, and their peers' drinking. If students reported they had never consumed five/four (male/female) drinks in a row on one occasion, they were classified as NBDs. If students reported they drank more than five/four drinks, in a row on one occasion, within or less than five/four hours an average of twice a week within the past three months they were classified as CBDs. That is, the CBD definition operationalized in this study accounts for students who reported having had more than five/four drinks (on one occasion) within or less than five/four hours a minimum of 24x in the past three months. If students reported they had ever consumed five/four (male/female) drinks in a row on one occasion, but failed to meet the CBD criteria they were classified as EBD+s.

Students also were asked to describe their parents' drinking. If students reported having not seen their parents meet either the episodic or chronic criteria, they were classified as parental NBDs. If students reported having seen their parents consume five/four drinks in a row on one occasion within the past two weeks, but failed to meet the chronic criteria, they were classified as parental EBDs. If

students reported having seen their parents consume more than five/four drinks (in a row in one occasion) within or less than five/four hours an average of twice a week within the past three months they were classified as parental CBDs .

Students were also asked to describe their peers' drinking. If students reported having not seen their peers meet either the episodic or chronic criteria they were classified as peer NBDs. If students reported having seen their peers consume five/four drinks in a row on one occasion within the past two weeks, but failed to meet the chronic criteria, they were classified as peer EBDs. If students reported having seen their peers consume more than five/four drinks (in a row in one occasion) within or less than five/four hours an average of twice a week within the past three months they were classified as peer CBDs.

Asking students ascertained their Greek status, i.e., fraternity or sorority. If they answered "yes" to this question they were classified as Greek, and if they answered "no" they were classified as non-Greek. Greek legacy status was determined by student responses to the question that asked whether they had a Greek member connection, i.e., legacy status. These terms, as used by Greek students, imply that the parent is the Greek member connection. Responses were: a) not applicable; b) I am a first generation Greek member, meaning no family connection; and c) I am a second or later generation Greek member, indicating a legacy. If students responded they had no family connection they were classified as a first generation Greek member. If students responded they had a familial Greek connection they were classified as a second generation (legacy) Greek member.

Dependent Variables

Dependent variables were the Children of Alcoholics Screening Test (CAST; Jones, 1981/82), the Short-form of the Michigan Alcoholism Screening Test (SMAST; Selzer, Vinokur, & Van Rooijen, 1975), and the College Drinking Attitudes Scale (CDAS; Gonzalez, 1978). The CAST was used to identify the extent to which individuals are currently living with or have lived with the consequences of parents who are alcoholic. Individual drinking behaviors and consequences were measured by the SMAST. The CDAS was used to assess how much college students' behaviors reflect responsible attitudes toward drinking.

Familial Drinking Consequences

Student offspring consequences of parental drinking were measured using the Children of Alcoholics Screening Test (CAST; Jones, 1981/82). The CAST is designed to identify children, adolescents, and adults who are living with or have lived with the consequences of parents who exhibit symptoms of alcoholism (Jones, 1981/82). The CAST is a 30-item survey inventory with a yes/no forced response format. Scoring all "yes" item responses given tabulates CAST scores. The total possible continuous scores range from 0 to 30. Scores of 0 to 1 are deemed to be indicative of the absence of familial life events associated with parental alcoholism. Scores of 6 or above on the 30-item questionnaire are

assumed to be indicative of the presence of familial life events generally associated with parental alcoholism (Jones, 1985).

The continuous scores used in this study provide an indication of the severity of consequences to the student of parental drinking. Sample questions are “has a parent ever yelled at or hit other family members when drinking?” and “do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his/her drinking?” The CAST measures: (a) emotional distress associated with parental alcoholism; (b) perceptions related to parental marital discord; (c) attempts to control parental drinking; (d) efforts to escape the parental alcoholic environment; (e) exposure to family violence associated with parental drinking; (f) tendencies to perceive parents as alcoholic; and (g) a desire to seek help for issues related to parental drinking (Pilat & Jones, 1984/85). Although the CAST has subscales, for the purposes of this study, only the overall scale score was utilized.

Jones (1981, 1982, 1985) reported a Spearman-Brown split-half (odd-even) reliability coefficient of .98 with children and adolescents of alcoholics randomly sampled from the school system in Chicago, and from a random sample of adults living in Chicago. Roosa, Sandler, Beals, and Short (1988), Dinning and Berk (1989), Clair and Genest (1992), and more recently Yeatman, Bogart, Geer, and Sirridge (1994) have provided further support for the reliability of the CAST by reporting estimates of internal consistency ranging from .88 to the mid .90s. Jones (1981/82), in a study of the validity for the CAST, found that the instrument was able to discriminate diagnosed and self-reported children of alcoholics from a control group with a validity coefficient of .78. Recently, Pidcock and Fischer (1996) found a 14-item version of the CAST to be both reliable and valid. Most recently, Pidcock (1998) reported the reliability of the CAST to be .93 for females and males. Thus, the adapted and shortened 14-item version of the continuously scored CAST measure used by Pidcock and Fischer (1996), and more recently by Pidcock (1998), was utilized in this study. Cronbach’s alpha for the adapted CAST in this study was .92 for females, and .87 for males.

Individual Drinking Behaviors and Consequences

Student alcohol behaviors and consequences were measured using the Short-form of the Michigan Alcoholism Screening Test (SMAST; Selzer, Vinokur, & Van Rooijen, 1975). The SMAST is a 13-item yes/no dichotomous scale with questions addressing individual drinking behaviors and experiences related to alcohol intoxication. The total possible continuous scores range from 0 to 13. Scores of 0 to 1 are deemed to be indicative of low risk of alcoholism likelihood. Scores of 2 are seen to represent the possible likelihood of alcoholism. Scores of 3 or more are assumed to be indicative of likely alcoholism (Selzer et al., 1975). In this study, the continuous scores were used.

The SMAST, considered by some to be a useful instrument to assess the drinking behavior and consequences of respondents, was used because of its ability to

detect likely student alcohol abuse (Cleary, Miller, Bush, Warburg, Delbanco, & Aronson, 1988; Jones, 1981/82). Sample questions include “have you ever neglected your obligations, your family, your school, or work for two or more days in a row because of your drinking?” and “have you ever been arrested for driving under the influence of alcoholic beverages?” Porkney, Miller, and Kaplan (1972) and Selzer et al. (1975) have reported estimates of internal consistency ranging from .96 to .99 and .79, respectively. The validity of the SMAST is also considered to be satisfactory (Zung & Charalmpous, 1975). According to Selzer et al. (1975) and Zung and Charalmpous (1975), the SMAST satisfactorily discriminates between alcoholics and nonalcoholics. Cronbach’s alpha for the SMAST in this study was .56 for females, and .73 for males. The female alpha indicates low consistency among the ratings provided by female students. A caveat regarding female findings on the SMAST would appear appropriate in that the variability of female scores reduces the chance of finding significant differences in ANOVAs.

Behaviors Reflecting Responsible Attitudes Toward Drinking

Student attitudes toward alcohol use and endorsement of responsible drinking behavior were measured using the College Drinking Attitudes Scale (CDAS; Gonzalez, 1978). The CDAS is a 20-item valid (i.e., face and construct validity) and reliable (i.e., test-retest .78) instrument scored on a 5-point Likert scale (Gonzalez, 1978/80). More recently, Gonzalez (1990) reported a Spearman-Brown split-half internal consistency reliability coefficient of .73 with college students randomly sampled from nine institutions in the state college system in Florida. Gonzalez’ (1990) replication and elaboration of initial studies on the CDAS has shown the measure to be “a valid and reliable instrument for use with college students” (p. 129). The 20-item scale lists behaviors and asks respondents to indicate how likely (e.g., very likely) to unlikely (e.g., very unlikely) they are to act in a responsible or irresponsible manner with regard to alcohol-related situations. Fifteen “responsible” items are scored in a positive direction with “very likely” assigned a value of 5, and “very unlikely” assigned a value of 1. Five “irresponsible” items are reverse-scored with “very likely” assigned a value of 1, and “very unlikely” assigned a value of 5. The total possible continuous scores range from 20 to 100. The mean value score of all 20-items is obtained and multiplied by 20, yielding a mean scale score between 20 and 100. This tallied score is indicative of how much respondents’ behaviors reflect individual behaviors reflecting responsible attitudes toward drinking; the lower the score, the greater the likelihood of evidencing fewer behaviors indicative of responsible attitudes toward drinking. Sample items include “how likely are you to gulp drinks for the stronger effect that rapid drinking produces?” and “how likely are you to celebrate by drinking when things go well for you?”. For females, the Cronbach’s alpha for the CDAS scale in this study was .84, and for males it was .80.

Findings

Binge Severity

Results of the study indicated support for addressing binge drinking on a continuum of severity. Specifically, the findings were supportive of a conceptualization of chronic binge drinking as the most severe form of bingeing. Summarizing across the hypotheses, those students who reported chronic binge drinking were found to: (a) be more likely to be male and Greek; (b) evidence greater individual drinking behaviors and consequences, and (c) exhibit fewer responsible attitudes toward drinking than episodic or non-binge drinkers respectively. Examining student binge drinking on a continuum from least severe (non-binge) to most severe (chronic binge) allows for a better understanding of behaviors, consequences, and attitudes relative to one's collegiate alcohol experience.

Social Learning Theory (SLT)

A major impetus for this study was to examine and explore social context routes of learning binge drinking in an effort to propose the usefulness and promise of incorporating SLT into binge drinking studies. For this purpose, tenets of SLT will be briefly explained to provide a context for the findings. Social learning is a process. Learning takes place throughout life and is thought to occur through either direct experience or observation (i.e., vicarious learning) (Bandura, 1977). Many factors influence learning, some of which include saliency of the relationship, modeling of admired or valued others, motivation to adopt rewarded behavior, and internalization of social norms deemed appropriate (Bandura & Walters, 1963; Barnes, Farnell, & Cairns, 1986). Socialization influences what is prescribed or proscribed (Fox, 1980). For college undergraduates, the primacy of college relations suggests that the peer group may be most influential, although, for some, the family may have been and may remain as influential or perhaps more influential (Beck & Treiman, 1996). To extrapolate, these major tenets imply that for the learning of binge drinking to take place, the behavior must be displayed, one must care about the models' opinion, esteem the model, see positive consequences accrue to the model for the behavior, experience rewards from imitating the models' behavior, and internalize the modeled behavior as normative.

Parental Context

This study supported the hypothesis that parental context would be associated with student behavior. That is, in general, students who reported seeing parents who binge were more likely than those who did not to drink more severely, report more negative behaviors and consequences of both parental drinking and personal drinking, and evidence fewer responsible attitudes toward alcohol. It may be that students observed positive consequences to the parents who binged which would be consistent with SLT although this was unmeasured. These parent results are supportive of SLT. Of importance to note was the finding on the Children of Alcoholics Screening Test that females who reported seeing parents who binge perceived greater parental consequences than males. This finding is intriguing and warrants attention.

Peer Context

The findings of this study supported the hypothesis that peer context would be associated with student behavior. In general, students who reported seeing peers who binge were

more likely than those who did not to evidence fewer responsible attitudes toward drinking. This finding also supports SLT tenets, suggesting peer relationships might be a context in which imitative drinking behavior is established and/or maintained.

Parent and Peer Context

Results of this study supported the hypothesis that parental and peer contexts would be associated with student behavior. In general, students who reported seeing parents and peers who binge were more likely than those who did not to drink more severely and evidence fewer responsible attitudes toward drinking. In addition, those students with parent and peer bingers reported more negative drinking behaviors and consequences of parental drinking than those with non-binge parents and peers. These parent and peer results on student drinking consequences and attitudes are supportive of SLT if it is assumed that observing positive consequences for oneself of parent and peer bingeing promotes modeling that behavior.

However, an intriguing finding was that a small number of students who reported seeing parents binge appeared to avoid peers who binge ($n=14$). A plausible explanation for this finding could be that those students whose parents binge have been exposed to greater negative consequences of their parents' drinking that may for some actually act as a protective factor or "buffer". That is, given their exposure to a parental binge context, some students may seek out a peer non-binging context.

That students of binging parents seek out non-binging peers is consistent with SLT if observing negative consequences for oneself of parent bingeing deters modeling that behavior. However, for other students with binging parents and peers, observing this behavior did not lessen their risk for drinking more severely, perhaps because they faced somewhat lesser negative consequences of parental bingeing. It may be that students observed positive consequences to the parents and to the peers who binged which would be consistent with SLT although this was unmeasured.

Greek Context

This study supported the hypothesis that Greeks more than non-Greeks would drink more severely and evidence fewer responsible behaviors. That is, in general, if a student were Greek s/he would be more likely to binge drink, either episodic or chronic. However, this study did not support the hypothesis that Greeks more than non-Greeks would report more negative behaviors and consequences of personal drinking, in fact, Greeks scored lower than non-Greeks. In other words, there was no support for Greeks reporting having experienced greater individual alcohol-related consequences than non-Greeks. One explanation for this finding may be that Greek students socialize more with other Greek peers (i.e., other fraternity and sorority members) who may function to "buffer" the negative effects of individual negative consequences of drinking. It may also be that Greeks were attending to campus messages, not in how much they drank, but in selecting drinking contexts that minimized negative consequences. Another explanation may be that given many Greeks were surveyed during regularly scheduled organizational meetings, there may have been somewhat of a perceived need to respond to questions in a socially desirable way.

That is, it seems plausible to suggest that the Greek context and the strong social bond, which often exists, might act as a network of support that may counter the possible deleterious negative effects of one's own binge drinking (e.g., designated drivers, problem-solving advisors). Another possibility that was explored was to determine if age differences between Greeks and non-Greeks may have confounded the results. A post-hoc MANCOVA was run controlling for age. The analysis revealed that age as a covariate did not alter the findings related to Greeks and non-Greeks whatsoever.

This study's findings also did not support the hypothesis that Greek legacy status would be associated with Greek student behavior. That is, Greek second generation (legacy) students who reported seeing parents and/or peers who binge were similar to Greek first generation (non-legacy) students in drinking, behaviors and consequences, and attitudes toward drinking. One plausible way to interpret the findings is that while there may be a Greek socialization effect, particularly regarding drinking severity and attitudes, it may be time-limited. In other words, Greek context learned binge drinking may not have a lasting legacy effect. On the other hand, it may also be that there were no differences in drinking behaviors of Greek and non-Greek parents when they were college age, and hence, no differences in trajectories of drinking transmission would be expected or detected. Although the Greek negative consequences and Greek legacy status hypotheses were not supported, this research was unique in that it was the first to examine parent drinking and Greek legacy status in the same study.

Overall, the finding that Greeks binge more severely and evidence fewer consequences than non-Greeks appears to be supportive of SLT. That is, given the literature on Greeks with regard to social bonding and the acquisition of alcohol usage norms which are often higher than non-Greeks, results appear consistent with the notion that Greeks more than non-Greeks may perceive bingeing to be socially rewarding, acceptable, and relatively free of consequences. Thus, Greeks may be more likely to imitate others given positive outcomes and the lack of negative consequences.

Campus Student Affairs Implications

These findings suggest the importance of identifying students who are at risk for alcohol misuse and negative consequences in their collegiate experiences. Findings revealed those at risk of bingeing include students of both genders and Greeks more than non-Greeks. What appears evident is the need to better screen students throughout their academic careers for alcohol problems so as to ameliorate negative health, academic, and social consequences. The identification of students on a continuum of binge drinking and the assessment of context risk factors would be useful in that campuses could target preventive and intervention efforts accordingly.

Given this study's finding that students who are chronic bingers evidence greater individual drinking behaviors and consequences, and exhibit fewer responsible attitudes toward drinking than episodic or non-binge drinkers, respectively, identification is essential. A specific recommendation based on this study's research findings would be for student affairs administrators and counselors alike to make a concerted effort to

identify where students fall on the binge drinking continuum of severity so as to target those students who: (a) may be at greater risk of encountering negative health, academic, and social consequences because of their alcohol misuse, and (b) may be more likely to disrupt the academic learning environment due to their consumption of alcohol.

Based on this study's finding that women evidence higher CAST scores, helping COA (children of alcoholics) women deal with the negative consequences of parent drinking and avoid bingeing peers would be one important route to address. A specific recommendation based on this study's research findings would be for student affairs personnel to offer COAs support groups especially focusing on these issues as they apply to women. Such groups would allow female students to share their past and possibly current experiences in a safe and supportive atmosphere. The intended outcome would be to lessen the negative impact of perceived parental consequences.

This study found that students who reported bingeing peers were more likely than those who did not to evidence fewer responsible attitudes toward drinking, thus, an awareness and recognition of the possible influence of peer contexts is important. That is, by acknowledging that certain students develop risk factors during the course of their collegiate experience through association with bingeing peers, campuses could intervene in those contexts that seemingly exacerbate the learning of binge drinking and the acquisition of less responsible attitudes towards drinking. In sum, although binge drinking learning is complex, colleges could implement prevention and intervention efforts targeted to peer networks. A recommendation based on this study's research findings would be for student affairs officials to identify students at risk for potential alcohol problems by identifying whether their peers binge drink. This context route would be particularly salient given the primacy of student/peer relations in college. Regardless of direction of causation, any college student with bingeing peers is vulnerable to less responsible attitudes and requires attention.

Based on this study's finding that some students with bingeing parents avoided peers who binge, it appears important to facilitate student self-examination. A specific recommendation based upon this study's research would be for student affairs personnel to empower students to examine their perceptions regarding negative consequences attributable to parental bingeing. By emphasizing that students and their friends might face similar negative consequences from binge drinking, student affairs officials may heighten awareness about individual responsibility and accountability. That is, students who are asked to introspect may come to the realization that although they may not have had the ability to choose their parental context, as adult learners they have the ability to choose their peer context. Such awareness, particularly among new students, may: (a) promote more personal responsible drinking; (b) impact student selection of peers.

Given this study's finding that Greeks more than non-Greeks drank severely and evidenced fewer responsible attitudes toward drinking, and the finding that non-Greeks more than Greeks reported more negative behaviors and consequences of personal drinking, it seems directed efforts are needed. A recommendation based on this study's research findings would be to have similar aged peers and Greek and non-Greek

members all of whom have suffered the negative consequences of binge drinking, speak to students about their experiences in a forum that allows for the sharing of views. Further, non-Greek faculty and student organization advisors and Greek chapter advisors who have suffered the detrimental effects of binge drinking might also be recruited and asked to speak directly to these groups because they may be perceived as valued members of the campus culture. Referrals from these forum discussions to on-campus counselors or support groups would be beneficial for those self-identified at risk and for those identified as COAs.

Limitations and Strengths

This study had both limitations and strengths. The cross-sectional design allowed for measurement at only one point in time and did not allow for social context measurement prior to entry into college. The degree to which parent and/or peer social network associations remain constant or change was not ascertainable. The survey questions asked about observations of parents and peers in the recent past but did not assess the history of parental and peer drinking. Another time related issue concerns the relative associations of social networks that may wax or wane over time as students mature and develop throughout their academic careers. Surveying at only one point in time did not allow for an assessment of the individual student trajectory of binge drinking.

The ability to generalize the sample to the entire population was also a limitation. The convenience sample was limited to volunteering undergraduate students at a large West Texas university; samples from other regions might yield different results on the variables used in this study. Further, this study's sample was predominantly Caucasian, middle-class with little ethnic variation, which does not allow for generalization beyond the sample.

Another limitation was that the study design could not identify nor separate the specific contribution of genetic influences. That is, the design did not intend nor allow for assessing nature questions as opposed to nurture questions. What the study was designed for and what it was able to demonstrate was that specific social contexts are related to binge drinking behavior. Sole reliance on student self-reporting of individual, parental, and peer behavior was also a limitation in that student recall of events that occurred within the past two weeks to three months prior may be fairly accurate, however no additional reporter verified student perceptions. Although student recall of their own drinking and their peers' drinking may be more reliable, the fact that some students may not have had contact with their parents for a variety of reasons (e.g., did not return home for break, live away from parents) calls into question the reliability and validity of the parent drinking measure. Undoubtedly, some students had no direct contact with their parents who are bingers, thus, the measure may underestimate the actual number of parental bingers.

A related issue was that the survey was not able to discern nor make distinction with regard to recovery issues. That is, if a student reported high scores on the CAST, it remains unclear as to whether these negative consequences are on-going or somewhat ameliorated due to parental recovery. Finally, another related issue is that the expanded

episodic definition used in this study, EBD+, would include those students who had not met the chronic definition criteria, but also those who may have "ever" drunk five/four (male/female) drinks in a row on one occasion regardless if they are now abstainers. Although this is a limitation it was also a trade-off to identify those students who might otherwise have gone unaccounted. Thus, the operationalization of the expanded episodic definition used in this study, EBD+, may be seen as both a limitation and strength.

On the other hand, the study was also characterized by a number of strengths. The large sample size with adequate female and male representation and relatively equal numbers of Greeks and non-Greeks allowed for scrutiny by gender and Greek status, which were of particular interest to this study. The development of a chronic binge drinking definition was also a strength of this study in that persistent student binge drinking could be differentiated from episodic and non-binge drinking. This differentiation allowed for a better understanding of the nature, severity, and consequences associated with binge drinking identified by large rapid consumption and recurrent patterned behavior taking place over a relatively lengthier time frame. Moreover, the conceptualization of chronic binge drinking allowed for the exploration of SLT linkages. That is, family, peer, and Greek contexts were examined to determine if findings would be supportive of the modeling/imitative learning of chronic binge drinking. Finally, the examination of Greek legacy status as a variable for consideration was novel and unique to this study. Although not significant, the Greek legacy social context route of learned binge drinking was a first step toward better understanding of what kinds of generational contexts are and are not related to binge drinking behavior.

Future Research

Future research is needed to clarify the lack of results related to the Greek individual drinking negative consequences and Greek legacy social context routes. This issue could be explored further by designing specific questions that tap into social norms regarding Greek environments and parental enthusiasm regarding Greek life. Further, it would be of benefit to ask Greek students questions about their perceptions regarding alcohol norms held by other members of the chapter to which they belong and to ask non-Greek students with Greek parents questions about their parents' enthusiasm or lack of enthusiasm about Greek life. It seems possible that Greeks adhere more closely to social norms held by the chapter which may be incongruent with the larger campus and it also seems possible that some student parents had negative experiences and views of Greek life but this study did not address this question. Although Greeks binged more than non-Greeks, they did not report greater personal consequences of their drinking. The lack of consequences for Greek student binge drinkers could actually "backfire" in that with few, if any, perceived negative consequences, Greek student binge drinking may develop into alcohol dependency. Decades ago, Straus and Bacon (1953) coined the term "fraternity/non-fraternity dichotomy" which described Greek students associating lower risk to heavier alcohol consumption than their non-Greek counterparts -- and it would appear this perception exists in the 21st century.

Designs that go beyond cross-sectional research are needed. A longitudinal or sequential design would aid understanding regarding "maturing in" to peer binge contexts and to

“maturing in” or “maturing out” of binge drinking itself by allowing for data to be collected at multiple points in the students’ development. The trajectories into entering a peer binge context may be buffered or slowed for students with bingeing parents. Further, the trajectories into alcoholism may be shorter and/or steeper for chronic binge drinkers, whereas episodic binge and episodic binge plus drinkers may experience alcoholism at a slower pace if they are at risk at all for such an outcome. Another suggestion for future research would be to use better sampling methods. The use of random sampling would lend credence to the results in that this method would minimize volunteer bias. Further, the use of a national sample would aid future studies in allowing for greater ability generalize the results.

Still another suggestion for future research would be to refine the binge measures used in this study to more clearly address the modeling/imitative learning process. That is, although the measures used in this study were able to examine social contexts as environments where binge drinking may be learned, the measures did not ask about the salience or the valence of the relationships. According to SLT it is valued, approved others who also receive positive consequences for the behavior whose particular behavior is more likely to be imitated. Perceived consequences of peer drinking, for the peers reported on by the college students in this research, were not assessed.

Conclusion

Historically, there has been little reliance on any one particular definition of binge drinking. More recently, the field has adopted an episodic definition of binge drinking. This study has contributed by offering an expanded episodic definition termed EBD+. Although Wechsler and colleagues have examined binge and frequent binge drinking, their definition in contrast to this study's expanded episodic definition, EBD+, was shown to underestimate the number of binge drinkers in West Texas and may do so on other campuses because of their operationalization of the definition. By recognizing those students who otherwise would have gone undetected as bingers, this study's expanded episodic EBD+ definition was of benefit. This study has also contributed by offering a novel conceptualization of a more severe form of bingeing termed chronic binge drinking. By identifying that those students who self-reported that they and/or their parents and/or peers were chronic bingers generally reported more negative drinking behaviors and consequences, and evidenced fewer responsible attitudes toward drinking, is a significant contribution. Another contribution of this study was the use and analysis of additive effects hypotheses, which are unique to this study. What has been known is that episodic binge drinking is problematic; what has not been known until this study is that classifying students by type and severity of binge may provide a new means to the identification, diagnosis, prevention, and treatment of persistent student binge drinkers who may be at greater risk for becoming alcoholic.

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Individual Alcohol Abuse Prevention for College Students The BASICS¹ & CHOICES Modalities of the Alcohol Skills Training Program

George A. Parks, Ph.D.

Individual Alcohol Abuse Prevention for College Students

Preventing alcohol abuse in college students is a major challenge for parents, college officials, the surrounding community, and the student themselves. Administrators and campus alcohol abuse prevention professionals have found that creating and implementing effective alcohol abuse prevention programs has proven to be a difficult task to achieve, even though such efforts are at an all time high (Wechsler, Lee, Kuo, Seibring, Nelson, & Lee, 2002). In response to this challenge, the NIAAA (National Institute of Alcohol Abuse and Alcoholism) has recently published a comprehensive report entitled “*A Call to Action: Changing the Culture of College Drinking*” (NIAAA, 2002) providing research reviews and other crucial information to assist college and university administrators and program managers in their alcohol abuse prevention efforts.

The NIAAA Report recommends that colleges and universities adopt a 3-in-1 strategy for reducing student drinking consisting of 1) Campus-Community Coalitions, 2) Campus-Wide Alcohol Abuse Prevention Efforts, and 3) Individual Alcohol Prevention Programs offered to students either one-on-one, in groups or via the internet. The NIAAA has designated only individual alcohol abuse prevention as “Tier 1 Strategies” that have been shown to be effective in reducing drinking and alcohol-related harm in college students. This essay overviews two such programs, BASICS and CHOICES, both of which were developed and tested at the University of Washington over the past 25 years (Dimeff, Baer, Kivlahan, & Marlatt, 1999; Parks and Woodford, 2005).

Several barriers exist to implementing effective alcohol abuse prevention programs. Among them are the developmental challenges of early adulthood as many young people are leaving home for the first time and are experimenting with adult roles that include choosing their own friends, increased sexual activity, and drinking alcoholic beverages. Young adults are also bombarded with advertising messages promoting drinking that suggest that alcohol can increase sociability (liquid courage), decrease anxiety, improve attractiveness to dating partners (beer goggles), and generally serve as a “magic elixir” transforming moods and behavior making peer acceptance and sexual experiences much easier to achieve. Lacking experience, many youth are quite vulnerable to these appeals and fall prey to the many myths surrounding drinking and college life, not the least of

¹ The overview of BASICS presented here is adapted in part from material previously published in *BASICS: Brief Alcohol Screening and Intervention for College Students* by Linda A. Dimeff, John S. Baer, Daniel R. Kivlahan, & G. Alan Marlatt (NY: Guilford Press, 1999, www.guilford.com).

which is that most of their peers are heavy drinkers when research shows this is not actually the case (Wechsler, et al., 2002; Baer, Stacey, & Larimer, 1991).

Individual alcohol abuse prevention efforts aimed at college students take different forms determined in part by targeting different subgroups of students who are at varying levels of involvement with drinking and severity of alcohol-related problems. Alcohol abuse prevention program goals include delaying the onset of drinking in those college student who currently abstain, preventing moderate drinking students from the risks posed by episodes of excessive drinking and from developing a heavy drinking habit, and identifying and effectively intervening with students who already drink excessively and are experiencing alcohol-related problems. Prevention goals for this last group include reducing alcohol-related risk and harm in the present and preventing the development of alcohol dependence in the future.

The focus of this essay will be on *BASICS* (Brief Alcohol Screening and Intervention for College Students) and *CHOICES About Alcohol*, which are modalities of the Alcohol Skills Training Program (ASTP). First, BASICS will be described, including its supporting research and mode of delivery, and then CHOICES will also be briefly discussed. BASICS was designed for college students who typically drink several times a week, have already experienced alcohol-related problems, and who are usually low in problem recognition and often resistant to prevention programs and other types of intervention (Dimeff et al., 1999).

BASICS is an *Indicated Prevention* program because it targets college students who are frequent heavy drinkers and have already developed alcohol-related problem. Indicated prevention programs can be contrasted with *Universal Prevention* programs directed at every college students on campus and alcohol abuse prevention programs that target subgroups known to be at high-risk for alcohol abuse due to personal or lifestyle factors known to be associated with alcohol abuse by college students such as being a freshman, living in a Fraternity or Sorority, being a member of an athletic team, etc. This last group, students (*Selective Prevention*), is not yet experiencing significant alcohol-related problems even though they are engaging in risky drinking at least episodically. Universal and Selective Prevention are the most common applications of the CHOICES program.

Basics Research and Development

Principle investigator, Alan Marlatt, and his colleagues at the Addictive Behaviors Research Center at the University of Washington have devoted more than 25 years to the development and outcome evaluation of a group of college alcohol abuse prevention programs collectively called the *Alcohol Skills Training Program (ASTP)* (Fromme, Marlatt, Baer & Kivlahan, 1994). Many of the students who participated in this research program met DSM-IV diagnostic criteria for alcohol abuse, but not for alcohol dependence. BASICS consists of a two-session brief intervention based on the principles of the Alcohol Skills Training Program delivered in using motivational enhancement strategies shown to be effective in a variety of brief interventions designed for adolescents and young adults (Miller & Rollnick, 2002). BASICS is an evidence-based prevention program supported by randomized controlled experiments. In comparison to a

control group of students who completed annual assessments only, students receiving the Brief Alcohol Screening and Intervention for College Students (BASICS) reported statistically significant reductions in alcohol use, reported significantly fewer alcohol-related negative consequences, and showed clinically significant improvement as indicated by the results of a 4-year follow-up study (Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001).

A harm reduction approach to alcohol abuse prevention is taken in BASICS. Its primary goal is reducing the frequency of risky behaviors by acknowledging reductions in the quantity of drinks consumed per occasion and decreases in the harmful effects of drinking. This stands in stark contrast to the more common goal of traditional prevention programs, namely focusing only on specific drinking outcomes such as abstinence and reductions in the frequency and quantity of drinking without emphasizing reducing negative alcohol-related consequences. Harm reduction approaches to prevention and treatment view changes in risky behavior on a continuum from excessive, harmful use to complete abstinence.

Recognizing that lifestyle changes occur gradually over time, harm reduction emphasizes and encourages step-by-step changes in which any movement in the direction of reduced risk and harm is recognized as progress even if some occasional risky behavior continues to occur. Like the behavior therapy technique of shaping, where the therapist reinforces successive approximations in the learning of a new behavior, harm reduction views steps in the direction of reducing hazardous, harmful behavior as a success. This means viewing alcohol abuse prevention programming with college students to be effective when they achieve reduced drinking and alcohol-related problems even though abstinence is the ideal goal and only legal choice, particularly for the many college students under twenty-one years old.

The delivery of all of the Alcohol Skills Training Program (ASTP) modalities is guided by the following harm reduction principles (Marlatt & Baer, 1997):

1. Student-chosen drinking goals are more powerful than drinking goals suggested or required by others, whether those others be peers, parents, school authorities, or law enforcement officials.
2. Factors that maintain heavy drinking in college students are different from those that maintain heavy drinking in older adults, therefore, a brief intervention for college students is most likely to be effective if it addresses these unique factors.
3. Risk reduction, without achieving complete abstinence or consistent, sustained moderation from drinking, is an appropriate and important goal of brief interventions for high-risk drinkers.
4. At a practical level, goals for a college-focused brief intervention should be realistic and achievable, even if they don't eliminate all risks.
5. Behavioral "slips" or occasional "lapses" of risky behavior are normal although hardly benign events.

6. Moderate drinking to decrease harmful effects can be more enjoyable than heavy, hazardous drinking.
7. Successful experiences in the direction of achieving goals are more important than immediate and complete elimination of risk.
8. Risk reduction can continue indefinitely with students engaging in ongoing practice and through trial and error, improving their ability to reduce their risky drinking over time.
9. The least intensive intervention should be applied first before proceeding to more intensive interventions, i.e., the “stepped care” approach.

The Alcohol Skills Training Program (ASTP)

In the past two decades, the Addictive Behaviors Research Center (ABRC) at the University of Washington has developed and empirically tested various alcohol prevention programs for high-risk college drinkers. These programs are based on cognitive-behavioral skills training and motivational enhancement strategies (Kivlahan, Marlatt, Fromme, Coppel, Williams, 1990; Baer, Marlatt, Kivlahan, Fromme, Larimer, & Williams, 1993). While the modalities themselves are quite distinct, they all incorporate a core curriculum that has been called the Alcohol Skills Training Program, or ASTP. The main components of ASTP, specific ASTP applications, and results from controlled outcome research studies are described below.

ASTP Modalities

Three separate indicated alcohol abuse prevention modalities based on ASTP have been developed and empirically evaluated: (1) A student workbook; (2) A multi-session Alcohol Skills Training Course; and (3) BASICS. These programs were designed for independent use or in conjunction with other prevention strategies. A fourth ASTP modality, CHOICES, has been developed by Alan Marlatt and George Parks, and published by the Change Companies to provide a delivery modality for ASTP that combines features of the student workbook and the ASTP classroom course (Parks & Woodford, 2005).

- 1) **ASTP Student Workbook.** This program consists of a self-guided instructional manual containing six units. Each unit of this manual includes graphs and diagrams of important points, “new ideas,” and exercises that elaborate important unit points, such as determining one’s positive alcohol expectancies, practicing refusing drinks, and experimenting with having fun at a party while not drinking. An advantage of this program is that it is self-contained and does not require instruction while a disadvantage is that it requires considerable self-initiative and motivation by a student to complete.
- 2) **Alcohol Skills Training Program (ASTP) Course.** This two- to eight-week course is taught by a trained instructor who is a healthcare professional or peer educator. The ASTP course uses brief didactic presentations and small group discussions. Exercises consist of class dialogues and demonstrations including role-playing. The course includes a discussion of models of addiction and a

placebo drinking experience in a simulated bar including a discussion of the role of expectancies in alcohol consumption. The classroom format provides a number of advantages: positive peer relations develop as the group collectively challenges the "party" norms valued by other peers and develops alternatives. Peer influence is maximized to achieve this end. As a result, participants develop a broader range of information and skills than they might have within one-on-one sessions that focus specifically on what proves "relevant" to them and their lifestyle at the time of the preventive intervention.

3) BASICS (Brief Alcohol Screening and Intervention for College Students).

Among the skills-training approaches, BASICS constitutes the briefest and potentially most cost-effective method. Based on the *Brief Drinker's Check-up* (Miller, Sovereign, & Krege, 1988), BASICS consists of two 45-60 minute sessions, one to assess the drinking pattern, related attitudes about alcohol, and motivation to change drinking; and a second to provide the student with the feedback about personal risk factors and advice about ways to moderate drinking. Students also receive computer-generated personalized graphic feedback summarizing the reviewed material. While considerably briefer than the other modalities, BASICS nonetheless combines information about alcohol effects, identification of personal risk factors, discussion of specific cognitive and behavioral strategies to moderate drinking, and motivational enhancement strategies aimed at building interest in changing heavy drinking behavior (Miller & Rollnick, 2002).

4) CHOICES: A Brief Alcohol Abuse Prevention Program: The previous three ASTP modalities are all indicated prevention program while CHOICES, the newest member of the ASTP family was developed to serve the needs of students at risk for alcohol-related problems, but not yet showing any signs or symptoms. As such, CHOICES is a selective prevention program embodying ASTP principles, but designed for high-risk subgroups of college students such as freshmen, Greek residents, athletes, etc. As is true of the other ASTP modalities, information about alcohol and related risks is embedded within a broader frame of lifestyle behaviors in this brief group intervention. In practice, CHOICES has also been used as a universal prevention program and as a first response for sanctioned students and others in the indicated prevention population.

More than the other three ASTP modalities, BASICS is modeled after the brief intervention literature, which typically finds that brief interventions more effective than no treatment at all, frequently as effective as more extensive treatments, and likely to enhance effectiveness of subsequent treatment (see Bien, Miller, & Tonigan, 1993). A brief intervention is typically defined as minimal interaction with a medical or mental health professional focusing on health risks associated with drinking that ranges from several minutes in length up to several sessions. Brief interventions are particularly effective for individuals, like most heavy drinking college students, who do not have severe alcohol dependence, but who are nonetheless having mild to moderate alcohol problems or who drink in harmful, hazardous ways (IOM, 1990). Because brief

interventions are as effective as more intensive treatments for individuals who are not severely alcohol dependent, use of brief interventions becomes a realistic (e.g., cost-effective) way of providing services to more individuals while saving resources for more intensive treatments (e.g., intensive outpatient and inpatient) for those requiring more.

Miller and Rollnick (2002) use the acronym “FRAMES” to capture the active ingredients of brief interventions with demonstrated effectiveness:

- Feedback -- about current health status, risks, normative behavior.
- Responsibility -- emphasis placed on the client’s responsibility for change.
- Advice -- simple suggestions to change, e.g., hazardous drinking; ideas to moderate use.
- Menu of Treatment Options -- provision of a range of options to select from.
- Empathy -- ability to see the situation from the client’s perspective while also maintaining a foot outside his/her reality.
- Self-Efficacy -- a belief held by the client in his/her ability to make successful changes.

Outcome Research on The Alcohol Skills Training Program

In this section, three studies conducted to empirically test the effectiveness of ASTP will be briefly reviewed. The initial study (Kivlahan et al., 1990) compared the efficacy of an eight-week ASTP classroom course for high risk drinkers to an Alcohol Information School format modeled after the Washington State program for first time offenders convicted of driving while intoxicated. An assessment-only control group was also included. The content of the Alcohol Information School was purely informational; no new coping skills were taught or practiced. Lecture topics included physical and behavioral effects of alcohol, dispelling myths about alcohol, alcoholism problems, and legal aspects of alcoholism. Students assigned to the control condition participated in all baseline and follow-up assessment procedures, but received no prevention program until after the completion of the one-year follow-up period. At baseline, students reported an average of 15 drinks per week and an estimated peak weekly blood-alcohol level of 0.13% (.10% or above defined legal intoxication for driving in most states at the time of the experiment, currently it is .08%). At the one-year follow-up, ASTP subjects reported 6.6 drinks weekly and a peak blood-alcohol level of 0.07%, compared to 12.7 drinks per week and a peak blood-alcohol level of 0.09% for students in the Alcohol Information School condition, and 16.8 drinks per week and a 0.11% peak blood-alcohol level for the control condition. Other drinking measures showed students receiving the ASTP reduced their drinking significantly more than subjects in the other two conditions at the one-year follow-up.

The second study (Baer et al., 1992) replicated the first study and compared the effectiveness of three ASTP modalities, a six-week classroom format, a one-hour

BASICS brief intervention, and a manual-driven correspondence course. Students reported drinking an average of 20 drinks per week at baseline, spread across 4 drinking occasions. Estimated peak blood-alcohol level was at 0.14%; and students reported experiencing numerous problems due to drinking. As in the first study, students on average significantly reduced their alcohol consumption during the course of the study. Gains were maintained throughout one and two year follow-up periods. Average drinks per week declined overall from 12.5 to 8.5 drinks per week. Average peak BAL was also reduced from .14% to .10%. While these findings support the efficacy of all three modalities, we were particularly optimistic about the outcome effects of the BASICS feedback component for several important reasons. This condition appears to be the most likely to be completed, potentially the most cost-effective, and the most easily tailored to the individual's risks and degree of readiness for commencing with a program of behavior change.

The third UW study, the Lifestyles '94 Project, was designed to replicate and extend the earlier studies of brief, harm-reduction programs with college student heavy drinkers. Briefly, 2,157 incoming freshman were screened while seniors in high school for purposes of participating in a four-year longitudinal study. The 508 students deemed most at risk for alcohol problems were selected to participate in the study. Risk criteria included a pattern of heavy alcohol consumption at the time of the initial screening or a history of problems due to alcohol. Of these, 366 were ultimately recruited and were randomly assigned to either an experimental or high-risk control condition. An additional 150 students were selected from the larger pool to serve as a control condition to observe the natural course of drinking patterns among college students. Subjects assigned to the experimental condition received BASICS in addition to the assessment procedure. All other subjects received the assessment procedures only.

Results from the Lifestyles '94 Project have been published in several journal articles (Roberts, Neal, Kivlahan, Baer, & Marlatt, 2000; Baer, et al., 2001). While high-risk drinkers in both the experimental and control condition reported a mean decrease in consumption of alcohol at one, two-year, and four-year follow-up, students receiving BASICS made significantly greater reductions in their use. More importantly, students receiving BASICS reported significantly fewer alcohol-related problems compared to the high-risk control group and fewer symptoms of alcohol dependence as compared to the high-risk control condition. While statistically significant decreases were found for both alcohol consumption and problems, the size of the treatment effect was greater for drinking problems. This suggests that while amount consumed and related problems may be correlated, they may not be causally related. This finding is of considerable importance to the extent that it suggests that indicated prevention programs might be least effective if they only focus on reducing or eliminating drinking as opposed to addressing its harmful effects.

A Primer on Delivering Basics

BASICS is delivered in two 50-minute sessions (Dimeff et al., 1999). In the first session, the therapist assesses the student's consumption pattern, the student's number and severity of negative behavioral consequences stemming from use of alcohol, and other behaviors that may contribute to the student's health risks. Personalized feedback based

on the assessment and specific advice about ways to reduce future health risks associated with alcohol use is then reviewed in BASICS session 2. Research has demonstrated that two sessions can be sufficient for students to make substantial changes in their drinking patterns and reduce negative consequences from alcohol (Baer, et al., 2001).

The checklist below summarizes the primary components for each session and what is needed for each. It is recommended that sessions take place in a private, quiet setting for maximal comfort for both the practitioner and student. Because of the interactive nature of both sessions, we recommend a seating arrangement that allows the practitioner and client to view visual aids and graphs together. Ideally, chairs should be reasonably close and turned slightly outward in the same direction; we recommend against arranging chairs in such a fashion that the practitioner and client are seated directly in front of each other. An additional quiet room with table and chair may also be needed for the client to complete any measures or questionnaires following the first meeting.

BASIC Delivery Checklist

SESSION I

COMPONENTS	· Structured Clinical Interview · Self-report Questionnaire Packet
REQUIRED TIME	· 90 minutes total - 45 minutes for each component
NEEDED	· Quiet and private room for the clinical interview · Quiet room with table and chair for student to complete questionnaire packet. · Structured Clinical Interview Packet · Questionnaire packet, Pencil and eraser · Monitoring cards and instructions

SESSION II

COMPONENTS	· Feedback and Advice
REQUIRED TIME	· Approximately 45 minutes
NEEDED	· Personalized Feedback Summary · Quiet and private room · Personalized Blood Alcohol Level Chart · Pocket-size laminated personalized Blood Alcohol Level Chart · Tips Page

The primary tasks of the first BASICS session are twofold: (1) to gather information about the student's health behaviors especially alcohol use which will provide the clinical data for the second feedback session; and (2) to identify students who are moderately to severely dependent on alcohol and initiate an appropriate referral for abstinence-based treatment. The initial face-to-face interview with students includes an assessment of the following:

- Typical and episodic drinking pattern for the past 30 days.
- Assessment of alcohol dependence.
- History of conduct disorder.
- History of alcohol and/or mental health problems.
- Family history of alcohol or substance abuse problems and/or mental health problems.

The initial questionnaire packet completed by students participating in the BASICS research project following the face-to-face interview assessed the following lifestyle behaviors listed below. While optimally administered after the initial interview once rapport is established, measures can be given to students before the interview begins.

- Additional self-report drinking measures.
- Negative consequences resulting from alcohol use over the past 6 months.
- Use of other psychoactive substances in the past 6 months.
- Assessment of risky sex behaviors involving alcohol and other drug use.
- Alcohol outcome expectancies.
- Perception of health and behavioral risks due to alcohol.
- Interest in and degree of readiness to change drinking.
- Perceptions of college drinking norms.
- Symptoms of psychological distress.
- Assessment of alcohol dependence.

Once the gathering of information is completed, the interview closes with a request that the student monitor his or her drinking on a daily basis from the close of the initial session up until the time of the subsequent meeting. The student is provided with approximately 20 wallet-sized monitoring cards along with instructions. Students also receive basic instructions in how to use the cards. Students are instructed to make at least an entry per day, indicating "none" for non-drinking days and completing a full row of responses per drink indicating what they drank, where they were, whom they were with, and their mood while drinking the beverage.

Before bringing the opening interview to a close, the therapist should make arrangements for the second appointment. In order to obtain a good sampling of monitoring, it is recommended to allow two weeks between sessions so that the monitoring can include two weekends, typically the heaviest days for college drinking. We also recommend that the therapist provide an additional opening for the student to express any concerns or questions he or she has up to that point of the session before the first interview closes.

The second part of BASICS is the feedback session designed to help college students get an objective view of their drinking behavior and its consequences and to consider any steps they might to reduce the risk and harm associated with their use of alcohol. The feedback session has four primary goals:

1. Provide students with personalized feedback about their pattern of alcohol use and risks associated with that use. This includes comparing the quantity and frequency of the student's use to a normative sample of college students, in addition to reviewing individual risk factors, e.g., positive alcohol outcome expectancies, family history of alcohol problems, personal history of negative or undesirable consequences that resulted due to drinking, etc.
2. Debunk myths and increase the student's base of accurate information about alcohol and its effects.
3. Offer specific strategies to reduce current and future risks related to alcohol.
4. Increase motivation to change current risky behavior and problem-solve about potential barriers that might compromise initiation or maintenance of change.

BASICS feedback sessions are tailored to the student's particular needs. Generally, more feedback is provided during the first portion of the interview. Advice giving and making plans beyond BASICS is emphasized toward the end of the interview. Information about alcohol and its effects, motivational interviewing techniques, and barrier-removing strategies are embedded throughout the session. While this structure should serve as a basic guide to the interview, therapists are again encouraged to take necessary liberties to stray from the structure to respond to the individual characteristics or needs of the student.

Components of Second BASICS Session & Approximate Time Lengths

<i>Basic Topics for Feedback and Advice Session (in order of general use)</i>	<i>Approximate Time Length</i>
· Orientation and re-commitment.	3 to 5 minutes
· Review and discussion of monitoring cards.	5 to 7 minutes
· Review of drinking pattern with comparison against norms.	7 to 10 minutes
· Review of personal risks and negative consequences.	7 to 10 minutes
· Advice and recommendations.	7 to 10 minutes
· Generalizing use beyond the brief intervention.	3 to 8 minutes

Choices about Alcohol

CHOICES is the most recent outgrowth of the evidence-based Alcohol Skills Training Program (ASTP) (Kivlahan, et al., 1990; Parks & Woodford, 2005). This latest ASTP modality can be used for all three levels of alcohol abuse prevention for college students. For example, CHOICES can be used as an *indicated prevention* program serving the needs of college students who have already developed alcohol-related problems. CHOICES can also be directed at all college students on a campus (*universal prevention*) because its content applies equally to all levels of alcohol use from students who abstain from drinking to those who are frequent heavy drinkers. Finally, CHOICES can be a targeted intervention for subgroups of students at higher-risk for alcohol abuse (*selective prevention*), such as freshmen, athletes, dormitory residents or members of the Greek system.

The CHOICES alcohol abuse prevention program was designed by placing the core components of the ASTP model within a proven client delivery system for alcohol and drug education, prevention and treatment. A highly structured facilitator guide to assure the fidelity of the clinical implementation of evidence-based programs supports the implementation of CHOICES. The primary goals of CHOICES are to arm students with accurate information, inform them of their level of exposure to harm, and provide them with a menu of coping strategies that will encourage them, through a self-reflective process, to choose to change high-risk behavior.

Delivering Choices

The delivery vehicle of the CHOICES program is a guided writing process called Interactive Journaling® in which each student receives a copy of a full-color and durable workbook, or Interactive Journal, that presents the core information of the ASTP program for use as a self-help workbook or for use as a discussion guide in a classroom course. Interactive Journals provide students with an experiential writing experience that guides them to reflect on the core information contained in the ASTP and to write journal entries focused on what the ASTP information means to them in ways that encourage positive lifestyle change. Interactive journals are utilized widely in substance abuse treatment, in criminal justice offender rehabilitation programs, in impaired drinking programs, in healthcare programs, and as with CHOICES, in the alcohol and drug abuse prevention field. CHOICES delivery applies the same core content and philosophy as other ASTP modalities.

Major topics addressed in the CHOICES program include:

1. Rapport building, orientation to the program, contrasting risky vs. lower risk choices
2. Decisional Balance Exercise on Alcohol Use Pros and Cons
3. Standard drink definition and individual assessment of the student alcohol consumption

4. Challenging the “False Consensus” on drinking norms with surveys of student drinking
5. Facts about alcohol: Absorption, BAC, & Oxidation
6. Factors affecting Blood Alcohol Concentration (BAC)
7. Effects of BAC and Tolerance
8. Sobering Up
9. “Is more really better” or the “Bi-Phasic Effect”
10. Risky drinking practices, risky activities & settings, risky social situations
11. Alcohol poisoning risk and effective prevention responses
12. Harm reduction strategies for drinking practices, risky activities & setting, risky social situations
13. Self-monitoring of drinking, calculating BAC, BAC card, systematic feedback

The recommended time frame for CHOICES delivery is one or two sessions spanning 45-90 minutes, each depending on the specific implementation strategy a campus is using. The first session of CHOICES consists of a presentation of core information, short journaling exercises and brief interactive discussions of major points. Questions are posed to students for written response within the Journal. These journaling activities are important because they assist students in engaging in the material and in applying new information to their individual life circumstances. In order to optimize time and maintain flexibility of implementation, students may complete their written response to the journaling questions in advance, during the group session or afterwards. Students are encouraged to keep and continue to reflect on the journal content following the session. New variations on this program have also combined advanced, web-based assessment and feedback as a precursor to the CHOICES experience.

CHOICES can also incorporate an optional follow-up session to be held two weeks after the initial meeting, making it similar to a group-delivered BASICS feedback session. The emphasis of the second session is on the reviewing the results of a self-monitoring exercise, identification of various drinking experiences within the group and a review of students’ experimentation with the strategies introduced during the first session. The second CHOICES session also includes time to discuss how core concepts from session one have or will influence student drinking choices and how students can continue to effectively employ, in an individually tailored way, the harm reduction strategies presented in session one.

CHOICES Implementation Checklist

SESSION I

COMPONENTS

- Facilitated Group Session Covering ASTP Components
- Individual reflection, sharing and group discussion
- Review and identification of possible coping strategies

REQUIRED TIME

- 90 minutes recommended (45-60” also possible)

NEEDED

- Group setting conducive to writing, discussion
- Facilitator Guide or Facilitation Summary
- One CHOICES student journal for each student

SESSION II

COMPONENTS

- BAC calculation, Feedback on past two week’s drinking Q/F
- Review of coping strategies experience

REQUIRED TIME

- Approximately 45 – 90 minutes

NEEDED

- Group setting conducive to writing, discussion
- Facilitator Guide or Facilitation Summary
- Each student’s CHOICES journal
- Personalized Blood Alcohol Concentration (BAC) Cards

While CHOICES can be implemented individually or in groups, it’s most common application is in a facilitated group environment. For example, CHOICES can be delivered in freshman classes or orientation programs, on residence hall floors, or as an alcohol abuse prevention program for high-risk groups, such as Greek houses and athletes. The CHOICES program is also frequently used with first-time alcohol policy violators.

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The Social Norms Approach to College Student Drinkers: Its History and Implications for College Health Promotion

Richard Rice, M.A. and Michael Haines, M.S.

Introduction

In 2002, when the National Institute on Alcohol Abuse and Alcoholism (NIAAA) issued its *Task Force Report on College Drinking*, the NIAAA Panel on Prevention and Treatment noted that "several institutions that persistently communicated accurate norms have experienced reductions of up to 20 percent in high-risk drinking over a relatively short period of time. Together these findings provide strong support for the potential impact of the social norms approach" (National Institute on Alcohol Abuse and Alcoholism, 2002). This is an impressive recommendation for colleges and universities that may be grappling with the issue of student drinking. But just what is the social norms approach?

Until recently, the predominant approach in the field of health promotion sought to motivate behavior change by highlighting risk. Sometimes called "the scare tactic approach" or "health terrorism," this method essentially hopes to frighten individuals into positive change by insisting on the negative consequences of certain behaviors. Think of the image of a crumpled automobile, flashing red lights, and the tag line "*Speed kills!*" and you will have a sense of this kind of public health campaign. But, as sociologist H. Wesley Perkins has pointed out, this kind of traditional strategy "has not changed behavior one percent" (Branch, 2001). In 1986, he and Alan Berkowitz published the findings from research revealing that most students on their campus overestimated their peers' support of permissive drinking practices and that this overestimation correlated with drinking behavior (Perkins and Berkowitz, 1986). Correcting this misperception, they suggested, might reduce heavy drinking and related harm. Over the next decade a number of practitioners began to investigate the implications of this work, and the results of their efforts spearheaded the approach to health promotion now widely known as *social norms*.

Essentially, the social norms approach uses a variety of methods to correct harmful misperceptions, and to identify, model, and promote the healthy, protective behaviors that are the actual norm in a particular population. When properly conducted, it is an evidence-based, data-driven process, and a very cost-effective method of achieving large-scale positive results. Adding to its appeal to university administrators is the fact that it does not seek to crack down or otherwise impose itself on students; nor does it continually highlight aberrant and negative behaviors, a fundamental feature of the scare tactic approach that inadvertently serves to perpetuate the very misperceptions in need of correction. Rather, the social norms approach is a strategy that—by promoting the fact that the clear majority are moderate, safe, and caring—draws continual strength from students' own lives.

This chapter is intended to provide information about the initial case study that employed the social norms approach to address student alcohol use in a university setting. Outcome data from subsequent case studies will then be reviewed and an overview of relevant research provided. The chapter will conclude with some reflections on the implications of the social norms approach for college health promotion.

The Northern Illinois University Experiment: The Development of Social Norms Marketing

Data from national surveys consistently indicate that alcohol is consumed by a majority of college students (Johnston, 2004; American College Health Association, 2005; Weschler, 2002). Given research findings that college students' excessive consumption of alcohol correlates with negative consequences such as a physical injury to self and others (Perkins and Berkowitz, 1986; Hanson and Engs, 1992; Presley et al., 1995), college health professionals, as previously noted, have often focused on the health risks of alcohol in an attempt to effect positive behavior change among students. Unfortunately, scare tactic and fear-based appeals are not only ineffective (Sutton, 1982; Soames Job, 1988; Taubman Ben-Ari, 2000), but—by vividly focusing attention on the problem—they inadvertently serve to perpetuate the very misperceptions that, from a social norms perspective, are a fundamental part of the problem. The health promotion efforts at Northern Illinois University (NIU), prior to its development and implementation of the social norms approach, demonstrated that such a traditional approach, including fear-based communications, is not a very effective way to enhance student health.

In 1998, NIU received a Fund for the Improvement of Post-Secondary Education (FIPSE) grant to expand its alcohol misuse prevention efforts using a social influence model. Data gathered at NIU that year suggested students were drinking at a level that was problematic, i.e., 43% reported consuming five or more drinks on an occasion once during the last two weeks. More importantly, nearly 30% of students reported physical harm to themselves, and 16% reported physical harm to others, as a consequence of drinking. Unfortunately, although the health assessment survey administered at NIU assessed the prevalence of use, negative consequences of use and perception of peer use, project staff were not convinced that a social influence campaign would be effective. Consequently, activities that first year were basically of a traditional nature: educational programs, participation in National Collegiate Alcohol Awareness Week, working with an active College Students Against Drunk Driving chapter, and the distribution of informational flyers and posters. The content of all these efforts was thematically consistent:

- Support for abstinence
- Promotion of responsible drinking
- Association of heavier drinking with negative consequences

At the end of the 1988-1999 academic year data from the annual student health assessment survey showed a slight but statistically insignificant increase in the prevalence of heavy drinking—from 43% in 1988 to 44.8% in 1989—and no change in students' perception of peer drinking. These disappointing results prompted a redirection of the NIU project.

Given that approximately 90% of NIU's approximately 23,000 students consumed alcohol, any effort to reach student drinkers—the focus of the project—was virtually synonymous with communicating to the entire student body. With only one full-time staff person assigned to alcohol-related issues, the sheer enormity of the task seemed to preclude reliance on traditional one-on-one, education-based approaches, such as speeches, residence hall programs, and peer educator presentations. Rather, it appeared that the project would need to employ mass media techniques in order to reach large numbers of students frequently and efficiently.

In order to do this project staff developed and implemented what is sometimes referred to as *social norms marketing*. This was essentially an outgrowth of the field of *social marketing*, which is defined as “the application of marketing technologies developed in the commercial sector to the solution of social problems where the bottom line is behavior change” (Andreason, 1995, p.3). *Social norms marketing* employs the same methods, but it does so specifically in order to correct a target population's misperception of the norm and to promote protective behaviors. What the NIU project did, therefore, was to employ traditional marketing strategies to consistently inform students that, contrary to what they perceived, the majority of their peers were in fact moderate and safe drinkers, if they drank at all.

Initial market research at NIU revealed that the daily campus newspaper was read by 75% of the student body each day, whereas other, more costly media (such as radio and television) had dramatically smaller market shares. Consequently, a print media campaign was determined to be the most cost-effective method of communicating the following message to the entire student body: “Most NIU students (55%) drink five or fewer drinks when they party.” The same basic normative message was disseminated creatively in a variety of print media such as newspaper ads (both display and classified), posters, flyers, leaflets, letters to the editor, and articles. Consistent with commercial marketing techniques, various strategies were employed to enhance the reach and recall of campaign messages. One such incentive was the statement printed prominently on each large poster designed specifically for student resident hall rooms: “We will pay you \$5 if this poster is on your wall when our student rep knocks on your door.” Those who received the \$5 reward had their picture taken, and this picture was then posted (as a further advertisement of the campaign) in the lobby of the winning student's residence hall. Three weeks after the initial distribution of the posters a random survey of residence hall students indicated that 24% had hung a poster in their room. Following a round of \$5 rewards, with photos of recipients displayed as noted, the rate had climbed to 35%.

After implementing this social norms marketing campaign intensively for two full semesters, data from NIU's health assessment survey showed an 18% reduction in the students' perceived rate of heavy drinking and a 16% reduction in their actual rate of heavy drinking. Most notably, there was a 5% reduction in reported alcohol-related injuries to self and a 33% decline in alcohol-related injuries to others. Data gathered in subsequent years of the NIU project continued to show reductions in the percentage of students who overestimated the campus drinking norm, and there were significant concurrent increases in the percentage of student who drank moderately and/or abstained,

as well as decreases in alcohol-related injuries. Overall, from 1989 (when the social norms intervention began) to 1998 there was a 44% reduction in self-reported heavy drinking and a 56% reduction in self-reported injuries related to alcohol use at NIU (Haines and Barker, 2003; Haines and Spear, 1996).

Other Case Studies of the Social Norms Approach

Subsequent to the NIU project a number of other colleges and universities employed the social norms approach and experienced similarly dramatic reductions in heavy alcohol consumption and related harm.

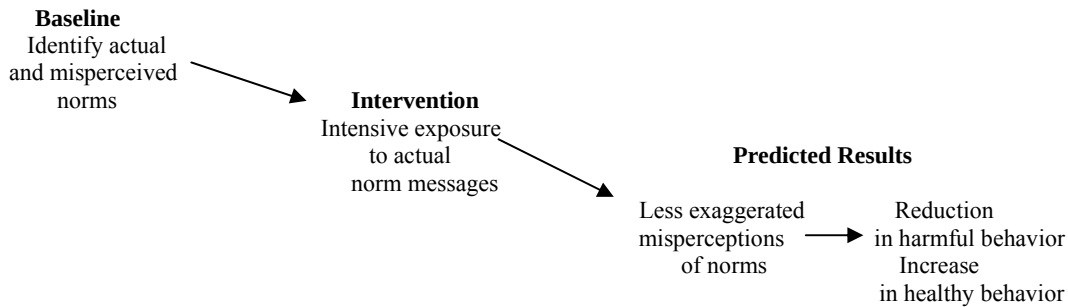
The first of these was the University of Arizona, which is a public land grant university with over 34,000 students. There, over the first three years of its social norms intervention, a 29% reduction in heavy alcohol consumption was achieved (Johannessen and Glider, 2003). Western Washington University, a comprehensive liberal arts university with approximately 11,000 students, saw a 20% reduction over three years (Fabiano, 2003). Hobart and William Smith Colleges, a small undergraduate liberal arts institution with approximately 135 faculty and 1,800 students, has successfully employed what it terms a synergistic strategy (including print and electronic media, as well as curriculum infusion) to reduce students' overestimations of the campus drinking norm, resulting in a 40% reduction of heavy alcohol consumption over a five year period (Perkins and Craig, 2002). Rowan University, a fairly selective, medium-sized state university achieved a 23% reduction in the first 5 semesters of its norms intervention (Jeffrey et al., 2003). The University of North Carolina at Chapel Hill (UNC), a public, four-year university with a total student enrollment of over 24,000 students, used data gathered in a breath analyzer study of UNC students returning home to fraternities, sororities, residence halls and apartment complexes on traditionally heavy drinking nights to consistently inform UNC students that "Whether it's Thursday, Friday or Saturday night, 2 out of 3 UNC students return home with a .00 blood alcohol concentration." The UNC norms project resulted in a 30% reduction of heavy alcohol consumption over a five year period (Foss et al., 2000).

The positive results of these and other interventions at a number of demographically diverse institutions throughout the country are clearly what prompted the NIAAA to state that they "provide strong support for the potential impact of the social norms approach" (National Institute on Alcohol Abuse and Alcoholism, 2002). It has also been noted that this pattern of positive results is especially compelling given longitudinal data revealing a concurrent lack of improvement at the national level overall (DeJong, 2002).

The Social Norms Model: Background Theory and Research

Essentially, the strategy of the social norms approach is to gather credible data from a target population and then, using a variety of health communication methods, consistently communicate the truth about that population's actual norms of health, protection, and the avoidance of risk behaviors. With repeated exposure to a variety of positive, data-based messages, the misperceptions that help sustain problem behavior are reduced, and a greater proportion of the population begins to act in accord with the more accurately perceived norms of health, protection, and safety (see Figure 1).

Figure 1: Model of Social Norms Approach to Health Promotion



(Source: Perkins, 2003)

The study of the powerful impact that norms have on both thought and behavior is, of course, a well established area of research in the social sciences, most especially in the fields of sociology and social psychology. In his review of the conceptual and empirical studies on the role of social norms in college student alcohol use and prevention strategies to counter misuse, Perkins (2002) has noted some of the classic statements in sociology, such as those by Campbell (1964) and Durkheim (1951), regarding how fundamental norms are to the understanding of the social order as well as variation in human behavior. In addition, he notes that social psychologists have "long argued that people tend to adopt group attitudes and act in accordance with group expectations and behaviors based on affiliation needs and social comparison processes (Festinger, 1954), social pressure toward group conformity (Asch, 1951, 1952), and the formation and acquisition of reference group norms (Newcomb, 1943; Newcomb and Wilson, 1966; Sherif, 1936, 1972)."

One question that previous research has largely neglected, however, is whether normative influences are driven by what an individual's peers *actually* do and think—i.e., the reality—or by what that individual *believes* to be characteristic of peers, i.e., that person's perception. The social norms model proposes that many problem behaviors may be due, in large part, to the desire—or the social pressure—to conform to misperceived peer norms. Support for this assertion can be found in the large and growing number of studies documenting that college students' personal drinking behavior is strongly influenced by their incorrect perception of peer drinking norms. As of this writing there are over fifty published studies that document college students' misperception of peer drinking norms, and that show that these misperceptions positively correlate with personal consumption. These studies are described in detail in several recent reviews of the literature by Berkowitz (2005), Perkins (2003), and Borsari and Carey (2003).

The Social Norms Approach: Implications for College Health Promotion

Interestingly, a study published in 2005 and based on the largest national database of college students analyzed to date—including more than 76,000 students at 130 colleges and universities—yielded several major findings that further confirm the fundamental tenets of the social norms approach as applied to the issue of college student drinking (Perkins et al., 2005). First, a consistently large percentage of students nationwide (i.e., over 70%) overestimated the quantity of alcohol consumed by their peers. Second, students' perception of their campus drinking norm was by far the strongest predictor of the amount of personal alcohol consumption, stronger even than the actual campus drinking norm. Third, at schools where more accurate perceptions of the campus drinking norm were associated with exposure to the schools' prevention information, students' high-risk drinking and negative consequences were significantly lower compared to those schools whose prevention material was either not associated with students' perception of the norm or was associated with students' having a greater misperception of the drinking norm. Unfortunately, the data in this study indicated that there were relatively few schools where exposure to prevention information was associated with students having reduced misperceptions of the campus drinking norm. In fact, at over 90% of the schools in the study, prevention information was not associated with students having lower misperceptions. Even more disturbing was the fact that students' exposure to prevention information at 34% of the schools was actually associated with students having *greater* misperceptions. Thus, the information provided by fully one-third of the schools was associated with students' experiencing *increased* risk of alcohol-related harm.

This discussion of the social norms approach began with a detailed examination of how the social norms marketing approach was developed and implemented at Northern Illinois University, if somewhat haltingly at first. As previously noted, data from that case study showed that a traditional alcohol misuse prevention program—one that included the use of fear-based communications—actually resulted in a slight (albeit statistically insignificant) *increase* in the prevalence of heavy drinking among students. For a health promotion program to effectively *elevate* students' risk of alcohol-related harm is a kind of nightmare outcome, to be sure. But as the nationwide data in the Perkins et al. study (2005) strongly suggests, such an unintended result may not be all that anomalous, given that exposure to prevention information at over one-third of the schools was associated with *greater* misperceptions, thereby placing students at *greater* risk of alcohol-related harm.

The findings from this research—as well as those from the various case studies reviewed here—have serious implications for alcohol misuse prevention efforts on college campuses. Not only do they demonstrate the critically important role of students' *perceptions* in determining personal consumption, they suggest that, in order to reduce students' risk of alcohol-related harm, colleges and universities need to implement prevention programs that effectively reduce students' misperceptions of the campus drinking norm. Clearly, schools that do not address such misperceptions by consistently communicating accurate normative information to students are neglecting a potentially powerful component of prevention. However well-intended such schools' programmatic

efforts are, there is strong evidence to suggest that, by failing to employ the social norms approach, they may be inadvertently increasing students' risk of harm.

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Addressing Homophobia through Environmental Management: A Prevention Strategy for Lesbian, Gay, Bisexual, Transgender, and Queer Students

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Discrimination and self-loathing have long been associated with high-risk drinking, and it is no different for lesbian, gay, bisexual, transgender, and queer¹ (LGBTQ) students on today's college and university campuses. Homophobia, experienced in three different forms, is connected with depression, a lack of self-worth, and increased alcohol abuse. Environmental Management is a framework that is comprehensive and conducive to reducing homophobia and creating an LGBTQ friendly environment through enhancement or customization of prevention strategies used in this approach such as social marketing, alcohol-free recreational programming, peer education, campus-community coalitions, education, and an examination of campus policies and local, state, and federal regulations and laws. These strategies, as well as the process of sexual identity formation, its unique challenges, and their relationship to alcohol use will be discussed in the paper designed for professionals in the field of prevention who may or may not have experience with, or knowledge of, LGBTQ students.

One of the biggest hurdles to effective prevention with LGBTQ students is an inadequate understanding of LGBTQ students and their individual and collective experiences. Further exacerbating the problem is a lack of solid research and data on their alcohol use patterns. In discussing LGBTQ students it is helpful to have a common set of definitions for the language used to define and understand the population; they are as follows:

Sexual (Romantic) Orientation: the direction of one's sexual and romantic attraction toward the same sex (homosexual), the opposite sex (heterosexual), or both sexes (bisexual). Sexual (romantic) orientation can be seen as a continuum and not a set of clearly different categories. Please note the word romantic in this definition. So often sexual attraction is the sole focus when identifying and describing LGBTQ people, but we are really talking about a fully developed romantic attraction on many levels: emotional, physical, mental, sexual, and spiritual.

Gay: a male individual whose primary (romantic, sexual, and emotional) attractions and connections are to other members of the same sex.

Lesbian: a female individual whose primary (romantic, sexual, and emotional) attractions and connections are to members of the same sex.

¹ The author has added the term queer as a descriptor of this community. Traditionally a derogatory term for LGBT people, it has recently been reclaimed by some as a positive and gender neutral reference to LGBT (Q) people.

Bisexual: an individual whose romantic, sexual, and emotional attractions and connections are with persons of both sexes.

Transgender: a term used to describe individuals whose gender identity does not conform to stereotypical masculine and feminine norms. Transgender people may be gay, lesbian, bisexual, or heterosexual in their romantic and sexual orientation.

Queer: term that has traditionally been a derogatory term for LGBT people, but more recently has been reclaimed by some as a positive and gender neutral reference to LGBT (Q) people.

Homophobia: fear or hatred of gay men and lesbians that may take on many forms and modes of expression.

Heterosexism: cultural attitudes, societal laws and norms, and institutional policies that discriminate against LGBTQ people.

Working with LGBTQ students, it is important to understand the unique challenges they face in exploring and establishing their identity, specifically as it relates to sexual orientation. *Such challenges may include – finding safe places to explore romantic attractions, understanding confusing feelings that are not experienced by the majority of the populations, which some internalize as bad or even wicked, and finding like peers and/or role models.* While LGBTQ students have some very specific challenges to face, which may lead them to abuse alcohol more than their heterosexual counterparts, they have the same basic needs and wants. It is helpful when working with any traditional “minority” or “disenfranchised” population to think of them as a part of the whole, as “us” and not “them.” *For any group, including LGBTQ students, the sense of not being a part of or being disenfranchised can lead to the use and abuse of alcohol to cope.* When a group is thought of and addressed as completely different, unique, and separate from the whole, this can spill over in prevention efforts, programs, and campaigns. This separation can create a subtle barrier to receiving the healthy messages of prevention as it can in some ways further isolate, or highlight the differences of, the student population we are trying to reach. While it is important to recognize the specific needs of a “special student population” or students who are, in some way, not the majority, we also need to find that common ground, those experiences and needs that connect rather than separate us.

Discrimination, which comes from many directions and in many forms, faced by LGBTQ students affects their sense of worth and belonging and may result in students looking to alcohol as a way to cope with these feelings. In a speech delivered by Larry Kramer, activist and founding member of ACT UP and Gay Men’s Health Crisis in New York, at Cooper Union on November 7, 2004, titled “The Tragedy of Today’s Gays,” he both admonishes and berates gay men for their indulgent, risky behavior around sex and substance abuse. In addition, he attacks both lesbians and gay men for not standing up and insisting that this sort of behavior stop. Throughout this speech, Mr. Kramer repeats: “I love being gay. I love gay people. I think we’re better than other people. I really do. I think we’re smarter and more talented and more aware. I really do” (Kramer, 2004). He

asks the question, “Why can’t we all just say that, believe that, and act like responsible grown ups?” (Kramer, 2004) This is the basic message of his speech. If only it were that simple, our work in prevention would be much easier, particularly when working with LGBTQ students. There would be little to no internal homophobia, a decrease in depression based in self-hatred, and a decrease in the need to self-medicate through the abuse of alcohol. But this is not the world in which we live and not the mantra that most LGBTQ college students, who are still defining who they are, say to themselves on a daily basis. It is more likely that LGBTQ students are questioning who they are, what their basic desires and attractions mean, how might friends, family and classmates react to them if they did identify as bisexual or homosexual, to say nothing of the less understood transgender identity. The attitudes of communities greatly influence the attitudes of individuals. These include family, faith, friends, as well as local, regional, national, and college and university communities.

To get an understanding of the effect of communities on LGBTQ students, one has only to read or watch the news about the 2004 elections and the trends around gay marriage, gay adoptions, and in some cases simply civil rights to get a sense of the attitudes in our national community. In 2004, “state lawmakers across the country spent more time than ever before debating legislation affecting the lives of GLBT [*LGBTQ*] Americans. There were nearly 300 GLBT-related bills introduced in state capitols” (Evans, 2004). The President of the United States backs laws that aim to eliminate the possibility of gay men and women marrying. The ordination of an openly gay bishop in the Episcopal Church in 2004 created division in the church through a struggle that was painful to both the man and to the LGBTQ community. The United States as a community, led by its civil and religious leaders, is telling our students it is not okay to be gay. And if possibly it is okay to be gay, you don’t deserve the same rights; no marriage, no children, no honorable military service, no spousal benefits, and so on. Because of efforts of organizations like P-Flag, the Human Rights Campaign Fund, the National Gay and Lesbian Task Force and others, the national community has been challenged to become more accepting of the LGBTQ persons, but there is still much we can do to create a truly safe community environment. In such an environment, it is clear to see how difficult yet necessary it is for prevention work to address these issues for LGBTQ students in higher education.

To cope with an environment that can be less than welcoming, many students turn to alcohol. There are a number of factors that contribute to the central role alcohol plays in the LGBTQ community including: significant exposure to bars, legal prohibition of homosexual behavior, discrimination, hate crimes, and the failure of some in society to accept or acknowledge gay persons. All this has limited the types of social events accessible to LGBTQ adults and youth alike, to bars and other places where alcohol plays a prominent role. With alcohol or alcohol-focused events playing such a central role in the social life of LGBTQ people, it makes sense that most of the research done that attempts to assess alcohol use among the LGBTQ population suggests a higher rate of problematic use. Some suggest abuse rates are as high as twenty to thirty percent of the LGBTQ population – a rate that is two to three times higher than the general public (Alcohol Abuse Presentation, 2004).” Another study, conducted by Fifield, Latham, and Phillips (1977) suggests abuse and dependence rates to be greater than thirty percent in

gay men (Fifield, Latham, & Phillips, 1977). When looking for information specific to a college student LGBTQ population, the numbers are hard, if not impossible, to find. Reliable national data on LGBTQ students alcohol use is difficult to find as students are not only being asked to be honest about use (which we know is under reported) but their sexual orientation/identity that is also under reported due to fear of discrimination and, for some, a lack of a clearly developed sexual identity. Although this makes an accurate assessment of problems related to drinking in the collegiate community challenging, some individual institutions do have solid campus specific data. One large, Northeastern, research IHE has collected data on the consequences of high-risk use experienced by LGBTQ students. According to their 2004 survey, respondents reported the following negative consequences associated with alcohol use: being injured (11.2%), being in a verbal argument (15.8%), having unprotected sex (6%), experiencing unwanted sexual touching (4.1%) and unwanted sexual intercourse (1.5%), receiving threats of physical violence (5.6%), and (3.6%) reported taking advantage of someone sexually while under the influence (2004, personal correspondence).

In gaining accurate information about the prevalence of alcohol use and abuse with LGBTQ students, an honest expression of sexual identity is critical. Where a student is in identity formation may impact their use of alcohol to cope with or celebrate any given stage of the process. As such, it is helpful for prevention professionals to have a basic understanding of LGBTQ identity formation. There are several models that have been developed to explain this identity formation or “coming out” process. For the purposes of this paper we will use the four-stage model developed by Richard Troiden in 1989. His stages include: sensitization, identity confusion, identity assumption, and identity commitment. (Troiden, 1989)

Troiden's first stage is sensitization, which primarily occurs before puberty. The central defining aspect of this stage is identifying as different from others, primarily from same sex peers. During this stage there is no label for the difference that is traditionally, although not at all exclusively, associated with nontraditional gender behaviors and interests. As gender roles become less rigid, this is a stage that is more difficult to identify, define, and understand. Some have suggested that it is simply a time where one feels in some way different from others and that gender behaviors have little to do with the difference, but may serve as one mode of expression of feelings of not being like their peers. Expression of this difference may also take the form of isolation, or loneliness. Both of these can clearly be seen as factors that may affect one's self-esteem and/or social connections, factors that may lead to a greater likelihood of future alcohol abuse.

The second stage discussed by Troiden is that of identity confusion, characterized by individuals' "inner turmoil and uncertainty surrounding their ambiguous sexual status" (Troiden, 1989). It is during this stage that one begins to question his or her sexuality or sexual orientation, usually beginning with the onset of puberty. Although this awareness of same-sex attraction comes fairly early, most teens do not identify as LGBTQ or see themselves as having much in common with the LGBTQ "community," nor do they act immediately on their desires or feelings. Some may wait as long as six years after identity awareness occurs (Troiden, 1998).

There are many factors that lead to identity confusion and complicate the third stage of identity assumption, characterized by self-acceptance of an LGBTQ identity. These factors also greatly impact alcohol use and will be discussed in relation to potential high-risk alcohol consumption. First is the new and changing self-perception individual's experience as one's awareness of same-sex and opposite-sex attractions become more evident. With this new awareness, an individual typically begins to experience homophobia and associates the stigma attached to homosexuality and bisexuality with themselves. Expression of homophobia takes on many forms; one form—*institutionalized homophobia*—any type of policy based on legal discrimination of LGBTQ people—may exist on many campuses and in the larger community. In addition, any college or university nondiscrimination policies that do not include sexual orientation, or policies that prohibit same-sex couples from attending university functions may be considered institutional homophobia. Finally, if an institution of higher education is affiliated with any church or faith that holds the ideal or belief that homosexuality is a sin (and most do), it by default is engaging in institutionalized homophobia. *Institutionalized homophobia can greatly reduce the ability of a collegiate community to be an LGBTQ friendly. When students are in an unwelcoming environment, they are more likely to turn to alcohol to assuage their feelings of discomfort.*

A second form of homophobia one may experience is individual homophobia. Individual homophobia is defined as any negative attitude or belief about homosexuality held by an individual. These attitudes and beliefs may range from *gay people are ok, but they should not have the same legal rights as heterosexuals*, i.e., marriage, and the right to adopt children, to *homosexuality is immoral and a sin*. These extremes are not the only forms of individual homophobia. We see homophobia every day in the form of jokes, name calling, exclusion from social and athletic groups, or by the simple omission of LGBTQ references in classrooms or in our prevention programs. How many affectionate same-sex couples do we see in our social marketing campaigns? How many LGBTQ organizations are part of our campus-community coalitions?

Finally, internalized homophobia may be the biggest factor that hinders true identity acceptance and commitment as well as a primary indicator of potential high-risk drinking. Internal homophobia may be defined as any form of self-hatred for being lesbian, gay, bisexual or transgender. For transgender people, this is twofold as they may hate themselves for their same-sex attraction (which is not always the case, some are attracted to members of the opposite sex) as well as their biological gender. One additional description of internalized homophobia, which may illuminate our understanding, is, "When gay men, lesbians, bisexual and transgender people internalize society's homophobic attitudes and beliefs, the results can be devastating. Society's hatred becomes self-hatred or internalized homophobia" (McGill University Web site, 2005). Having to hide your identity and deal with homophobic comments and attitudes, often made by unknowing family and friends, can have a profound effect on students. All forms of homophobia have negative effects on the self-esteem and sense of worth of LGBTQ students, pushing some to turn to high-risk drinking to escape negative feelings.

The third stage is that of identity assumption, which occurs when an individual begins to accept same-sex attraction as part of their identity. This begins with internal acceptance, which is often fragile until a connection is made to other LGBTQ individuals. The processes of finding others to connect with can be daunting to many, as this means not only an acceptance of, but also disclosure of one's sexuality. The anxiety of this process often creates a desire for alcohol to decrease inhibitions. The role of alcohol may take on greater importance due to the significance of bars and nightclubs in the social structure of the LGBTQ community.

The final stage of identity formation is that of identity commitment. It is during this stage that individuals decide that living openly as LGBTQ is easier and happier than living as a heterosexual. One begins disclosure to friends and family who are both homosexual and heterosexual. This stage is a continuous process, as one is always adapting to their environment, and continually making the decision to disclose information about one's sexual identity. It is in coping with the challenges of identity formation that LGBTQ individuals may first begin to use alcohol in an abusive way, whether to escape the pain of homophobia in any of its forms, the anxiety of meeting new friends and potential romantic partners, disclosure to friends and family, or to numb the feeling of being different.

Addressing homophobia, discrimination, and the assumption of heterosexuality and other factors that affect LGBTQ identity formation in college and university alcohol abuse prevention programs is crucial in reaching out to this population. Environmental Management is a prevention framework that is comprehensive in nature employing "multiple prevention strategies that affect the campus as a whole and can, thereby, have a large impact on the entire campus community." (Higher Education Center Website) In addressing the specific challenges that face LGBTQ students effectively, prevention programs will need to look at the campus and community environment as a whole. For each individual campus, the best place to begin is to assess general attitudes of the campus and local community toward LGBTQ students. As this can be a challenging task, a campus assessment guide is provided in Appendix A.

Making Your Campus an LGBTQ Friendly Environment

There are many strategies that campuses are using to create an LGBTQ friendly environment. One idea is to educate students, staff, faculty and administration to the experience of being an LGBTQ student. This can be done in a variety of ways. One educational tool, social marketing campaigns, that has been mentioned can be used to disseminate accurate information in order to correct misperceptions the general campus community may hold regarding LGBTQ students. Conducting sensitivity and/or diversity trainings that bring LGBTQ presenters, e.g., E. Lynn Harris, Erin Cross, Dan Savage, Esera Tualo, Christian de la Huerta or LGBTQ supportive speakers, e.g., Elaine Penn, Betty DeGeneres, or Judy Shepherd to campus, or by holding community forums can be good educational tools for groups of various sizes and compositions can be quite effective in raising consciousness about LGBTQ issues while at the same time assuaging misperceptions held by the general campus community.

In addition to educating the campus community, it is helpful to educate ourselves as prevention professionals. The first thing we can do is to know ourselves. What are our ideas about LGBTQ persons? How do we respond to stories in the media about gay rights, gay adoption, and gay marriage? What do we know about LGBTQ people? How is our experience similar to that of LGBTQ persons? Is that our experience, and how much are we willing to share? Finally, what are our prejudices, fears, limitations and biases? We all have them. Even as an LGBTQ professional, one may hold a bias based on gender, race, and socioeconomic status. Exclusive homosexuality may be seen as incompatible with bisexuality? And what about those who identify as transgender, a more complicated identity to understand? How do we respond to transgender individuals, and how do we differentiate them from *drag queens*? There is so much we bring to our work from our own experiences. It is helpful to be aware of how these experiences shape our work by knowing how they contribute to our knowledge base and how, as a result, they may create barriers or limitations in how we conduct prevention efforts on our campuses.

A brief LGBTQ self-awareness assessment has been designed and is included in Appendix B. An additional assessment instrument designed exclusively for a heterosexual audience was developed by Worthington, Becker-Schulte, and Dillon (2005) entitled, *Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals*, and is included in Appendix B as well.

Moving Towards Enlightenment

So how do you get around a lack of or a bad experience? The same way we do with any other limitation: get information; we educate ourselves about the experiences of being LGBTQ. Professional workshops are often a good way to get more information, but with budget restrictions and time constraints there are many other ways to get good information. Autobiographies, magazines, and websites are excellent sources of free or relatively inexpensive sources of information. With the vast numbers of these sources available, a survey of leaders in the field yielded a great selection of resources sited in Appendix C. NOTE: Whether such resources would be read or viewed personally or become the backdrop against which a proactive discussion regarding the issues of the LGBTQ community on campus may be conducted, the point remains that education around this topic is readily accessible.

Environmental Management-based Strategies

Social Norms and Social Marketing

“Social norms are people’s beliefs about the attitudes and behaviors that are normal, acceptable, or even expected in a particular social context. In many situations, people’s perceptions of these norms will greatly influence their behavior. Social marketing is a method of using mass marketing techniques to disseminate information. When colleges conduct marketing campaigns to correct misperceptions of social norms, these campaigns are referred to as ‘social norms marketing’ campaigns.”

(<http://www.edc.org/hec/framework/>) Social norms marketing can be used to correct misperceptions about LGBTQ students and their behaviors, attitudes of the university or community (if appropriate and helpful data can be collected), and LGBTQ drinking patterns. Ideas for messages: 80% of Insert School Name students support gay marriage.

74% of LGBTQ Insert University Name students drink fewer than four drinks when they go out. Social marketing campaigns can be enhanced through images as well as text. Consider using an image of a same-sex couple, or gay friendly symbols such as rainbow flags, pink triangles, or linking gender same-sex symbols. These same images can be used in general marketing or advertising for other prevention efforts such as general “alcohol effects” information campaigns, or publicity for alcohol-free social and recreational programming options. For more ideas consult the Higher Education Center’s Social Norms and Social Marketing web page at <http://www.edc.org/hec/socialnorms>.

Alcohol Free Programming

Alcohol-free social and recreational programs, another element of environmental management, can also be specifically designed to attract LGBTQ students. As many of the social functions in the larger LGBTQ population center around alcohol, providing alcohol-free options becomes more critical to LGBTQ inclusive prevention strategies. Ideas for programming that might reach this audience include, but are not limited to the following: LGBTQ movie nights, coffee houses with LGBTQ friendly comedians, poets, and/or musicians, dances, athletic events that may take place in the evenings or during happy hours, political or social issues speakers. The list is truly endless. The key is to promote to your LGBTQ students and create a safe environment at the events.

Peer Education

Peer education is a strategy many campuses use in their prevention efforts. The addition of specific programs and trainings that address LGBTQ concerns, incorporating LGBTQ characters and stories in role-play scenarios, and using gender-neutral pronouns when discussing romantic relationships in peer education efforts can further create a culture of inclusion. The Midwest AIDS Prevention Project (MAPP) which established Alcohol and Other Drug Abuse Prevention and Training (ADAPT) in 1996 to address the substance abuse prevention needs of southeast Michigan’s gay population can serve as a campus and community model for peer education. In 1997 Teen ADAPT was founded. The program includes information on specific risk factors that are specific for gay youth. The training includes skill building activities, communication techniques, and condom demonstrations. In addition, MAPP developed print materials designed to target youth, including posters, print advertising and postcards. The “Out, Proud, and Sober” campaign capitalizes on the adolescent rebellion that is especially inherent in gay youth by saying, “rebel against the people who want you to stay in the closet, and rebel against those who are trying to talk you into experimenting with alcohol or drugs.” (www.aidsprevention.org/ADAPT/teen.htm)

Campus Community Coalitions

The marketing campaign and peer educator/leader training elements of Teen ADAPT from MAPP were not developed for specific use in higher education, but the model is highly adaptable and appropriate, illustrating how an institution and community agency or agencies can work together in addressing high-risk behavior. Campus-community coalitions have been a part of the landscape of prevention for several years, but how many involve representatives from LGBTQ organizations? Most of these organizations are aware of the problem of substance abuse with their constituencies, and some have

prevention and/or treatment programs in place that may complement and inform campus prevention programs. Program or not, these organizations can prove to be very helpful partners in reaching out to LGBTQ students; simply including these groups as active partners in your campus-community coalition can make a strong statement of inclusion.

Policies, Procedures, Regulations and Laws

Policies and procedures of the campus, as well as local, state or federal laws and regulations affecting the campus community are an important part of an environmental management approach to preventing high-risk drinking in the LGBTQ community. Working to fight any legislation, law, resolution, policy or regulation that is biased against LGBTQ persons (students) at a campus, local, state, or federal level can help to create a climate of inclusion, acceptance, and even empowerment for LGBTQ students. To be seen as a professional working to have sexual orientation included in anti-discrimination policies on your campus, arguing against legislation that prohibits LGBTQ persons from marrying, adopting, forming civil unions, and/or makes homosexual acts criminal, are all acts that can be incredibly empowering to members of the campus LGBTQ community. There are many local, regional, and national groups with which you can get your students connected, including local political groups, and/or national groups with local or regional chapters, such as the Human Rights Campaign Fund or the Gay & Lesbian Alliance Against Defamation. Facilitating such connections can benefit the LGBTQ community specifically as well as the campus community in general by helping change the campus climate through affecting public policy as well as serving to connect students to the larger LGBTQ community.

Safe Zones

Safe Zone projects are yet another way to make campus environments more accepting of LGBTQ students. The purpose of a Safe Zone project is to promote a safe place for LGBTQ students and to let people know that they can be themselves without fear of harassment or physical violence. Some colleges ask staff, faculty, and administrators to put an identifying sticker or symbol some place visible in their office to let students know this is a safe place to be open about who they are and to discuss issues related to their experience as an LGBTQ student. Other campuses have an Allies program, which also include students as “safe” resources. Both programs provide some training and support for their members on how to address issues, be supportive listeners and allies, and where to refer students for further assistance. For a list of campuses with Safe Zone and/or Ally programs, see Safe Zones in Appendix C.

There are many factors that put students at risk for alcohol abuse, and as has been identified, homophobia in all its forms is a unique factor faced by LGBTQ students. In considering what we need to know in developing effective prevention programs that are inclusive of LGBTQ students, it is vital that we understand the experience of developing an LGBTQ identity, living as an LGBTQ student, and the potential for homophobia (institutional, individual, and internal) to lead to the use of alcohol to cope. Working to reduce and eliminate homophobia and to create an LGBTQ friendly campus community can be achieved through customizing (adapting) such environmental management strategies as social marketing, alcohol-free recreational programs, peer education, campus-community-coalitions, education of prevention professionals, and an

examination of campus policies, community regulations, and state and federal laws. All contribute to the sense of inclusion, acceptance, and empowerment of LGBTQ students as well as help to provide tools with which to cope, and an environment in which to live that is safe and healthy.

Appendix A

LGBTQ- Friendly Campus Assessment

Please answer yes or no to the following about your institution:

General

P - 1. Is your institution affiliated with any organized religion?	Yes	No
F - 2. Does your community have any LGBTQ organizations?	Yes	No
F - 3. Do you have an anti-discrimination policy that includes sexual orientation?	Yes	No
G - 4. Do you have an LGBTQ or exclusively "gay" student group?	Yes	No
G - 5. Do you offer health benefits to domestic partners?	Yes	No
G - 6. Do you have any openly lesbian, gay, or bisexual staff?	Yes	No
G - 7. Do you have an openly lesbian, gay, or bisexual faculty?	Yes	No
G - 8. Do you have a straight-gay alliance or Allies Program?	Yes	No
G - 9. Do you have any LGBTQ support groups?	Yes	No
G - 10. Does your community have an LGBTQ center?	Yes	No
S - 11. Does your campus have an LGBTQ office or center?	Yes	No
S - 12. Do you provide funding for an LGBTQ or gay student group, gay-straight alliance, or Allies program?	Yes	No
S - 13. Do you sponsor university-wide LGBTQ events?	Yes	No
S - 14. Do you offer one or more courses on LGBTQ topics?	Yes	No
S - 15. Do you have any openly lesbian, gay, or bisexual administrators?	Yes	No
S - 16. Do you have gay and lesbian residential areas/communities?	Yes	No
E - 17. Do you have a gay fraternity for men?	Yes	No
E - 18. Do you have a lesbian fraternity for women?	Yes	No
E - 19. Do you have an LGBTQ Alumni group?	Yes	No
E - 20. Do you have any openly transgender staff?	Yes	No
E - 21. Do you have any openly transgender faculty?	Yes	No
E - 22. Do you have any openly transgender administration?	Yes	No
E - 23. Do you formally assess your campus environment, or attitudes towards, LGBTQ students?	Yes	No
E - 24. Do you have a task force that addresses LGBTQ concerns on campus?	Yes	No
E - 25. Do you have a "gay studies" major?	Yes	No

LGBTQ-friendly Campus Assessment Key

Excellent: 15 - 25

Strong: 8 – 14

Good: 4 – 7

Fair: 2 -3

Poor 0-1

Excellent: likely to be a very accepting and inclusive culture—share program ideas with others, items identified with an E are associated with excellence.

Strong: solid programs, some programs for specific target-groups could be added to fill out the program, specifically for transgender students, items identified with an S are associated with a strong and supportive program.

Good: some basic programs, policies, and minor institutional support, and openly LGBTQ professionals suggest the potential for an accepting climate—still room for improvement, items identified with a G are associated with and above average program.

Fair: basic programs and policy of anti-discrimination, much room for improvement—consult resource section for building a more LGBTQ-friendly environment, items identified with an F are associated with an average program.

Poor: no programs—affiliation with an organized religion may contribute to a homophobic environment—great deal of room for improvement, items identified with a P are associated with potential challenges to an LGBTQ program.

This is offered as a guide and not a definitive assessment tool.

More information on campus climate assessment for LGBTQ students is available from the blank in their report titled: Campus Climate for Gay, Lesbian, Bisexual, and Transgender People: A National Perspective by *Susan R. Rankin*.

Appendix B

LGBTQ Self- awareness Assessment

Check the statements with which you disagree

- _____ 1. A gay male couple should be allowed to legally adopt a child.
- _____ 2. Two gay men should be allowed to marry.
- _____ 3. Gay men should be allowed to serve as priests, pastors, ministers, and rabbis.
- _____ 4. Gay men protest too frequently about gay rights issues.
- _____ 5. Gay men should be allowed to teach in a higher education setting and be open about their sexuality.
- _____ 6. It is appropriate to have a gay fraternity on campus.
- _____ 7. I am ok with two men showing affection for each other in a public place.
- _____ Total number of statements with which you disagree

- _____ 1. A lesbian couple should be allowed to legally adopt a child.
- _____ 2. Two lesbians should be allowed to marry.
- _____ 3. Lesbians should be allowed to serve as priests, pastors, ministers, and rabbis.
- _____ 4. Lesbians protest too frequently about gay rights issues.
- _____ 5. Lesbians should be allowed to teach in a higher education setting and be open about their sexuality.
- _____ 6. It is appropriate to have a lesbian fraternity on campus.
- _____ 7. I am ok with lesbians showing affection for each other in a public place.
- _____ Total number of statements with which you disagree

- _____ 1. Transgender men and women should be allowed to legally adopt a child.
- _____ 2. Transgender men and women should be allowed to marry.
- _____ 3. Transgender men and women should be allowed to serve as priests, pastors, ministers, and rabbis?
- _____ 4. Transgender men and women protest too frequently about gay rights issues.
- _____ 5. Transgender men and women should be allowed to teach in a higher education setting and be open about their gender identity.
- _____ 6. It is appropriate to have a gay fraternity on campus.
- _____ 7. I am ok with transgender men and women showing affection for each other in a public place.
- _____ Total number of statements with which you disagree

Count the number of statements you disagreed with in each section and consult the following guide.

- A. If you agreed with all statements, you likely have a high comfort level.
- B. If you disagreed with 2 statements, you likely have a moderate comfort level.
- C. If you disagreed with 3-4 statements, you likely have some discomfort with this population, which may impact your prevention efforts.
- D. If you disagreed with 5 -7 statements, you likely have a strong discomfort level with this population, which will affect your ability to create and deliver prevention programs for this population.

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Resources

Websites

1. American Civil Liberties Union <http://www.aclu.org>
2. Campus Climate for Gay, Lesbian, Bisexual, and Transgender People: A National Perspective by Susan R. Rankin
<http://www.thetaskforce.org/theissues/issue.cfm?issueID=22>
3. Gay Teen Resources <http://www.gayteenresources.com>
4. National Coalition for gay LGBT Youth presents this resource guide, Gay Teen Resources <http://www.gayteens.org>
 - Provides information to the queer youth community, including coming out tips and facts on AIDS
5. Gay Lesbian Straight Education Network (GLSEN) <http://www.glsen.org/cgi-bin/iowa/home.html>
6. Gay and Lesbian Alliance Against Defamation (GLAAD) <http://www.glaad.org>
7. Human Rights Campaign <http://www.hrc.org>
8. Lambda Legal Defense and Education Fund <http://www.lambdalegal.org/cgi-bin/iowa/>
9. Log Cabin Republicans <http://online.logcabin.org/>
10. Mazzone Center for LGBT health services <http://www.mazzonecenter.org>
11. National Association of Lesbian and Gay Addiction Professionals
<http://www.nalgap.org/index.htm>
 - The NALGAP founded in 1979 is dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in lesbian, gay, bisexual, transgender communities.
12. National Consortium of Directors of Lesbian Gay Bisexual and Transgender Resources in Higher Education <http://www.lgbtcampus.org>
 - Our goals are to support colleagues and develop curriculum to professionally enhance this work; to seek climate improvement on campuses; and to advocate for policy change, program development, and establishment of LGBT Office/Centers.
13. National Gay and Lesbian Task Force (NGLTF) <http://www.thetaskforce.org/>
14. National Stonewall Democrats <http://www.stonewalldemocrats.org/>
15. Out Proud <http://www.outproud.org>
16. P-Flag (Parents, Families, Friends, of Lesbians and Gays) <http://www.pflag.org/>
17. Planet Out <http://www.planetout.com>
 - Information for the LGBT community – resources, short stories, web links, etc
18. Queer Resources Directory <http://www.qrd.org/qrd>
 - Comprehensive collection of links to sites of gay-interest, including same-sex marriage, gay youth, and political activity among others
19. Safe Zones & Allies Programs
http://www.lgbtcampus.org/faq/safe_zone_roster.html
 - Provides a listing of which campuses offer safe zone programs for gay/lesbian/bisexual/transgender people on their college/university campus.
20. Softlord Books <http://www.softlord.com/lgbbooks>
 - Fiction and non-fiction books for LGBTQ youth
21. Transgender Care <http://www.transgendercare.com/superstore/>
 - Books, Movies, and more on transgender care and related issues

22. The United States Senate <http://www.senate.gov/>
23. The White House <http://www.whitehouse.gov/>

Magazines & Journals

1. The Journal of Homosexuality
2. The Journal of College and Student Development
3. The Advocate
4. Genre
5. Girlfriends
6. OUT
7. XY

Books

1. Finnegan, D. & McNally, E. (2002). *Counseling Gay, Lesbian, Bisexual, and Transgender Substance Abusers: Dual Identities*. Hawthorn Press: Binghamton, NY.
2. Browning, F. (1993). *The Culture of Desire: The Paradox and Perversity in Gay Lives Today*, Crown Publishing, Random House: New York, NY.
3. Bawer, B. (1993). *Place at the Table: The Gay Individual in American Society*, Touchstone: New York, NY.

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Evaluation: Some Reflections for Renewal

David S. Anderson, Ph.D.

Evaluation, assessment, monitoring, accountability—these words tend to be highlighted from various areas of the campus and community, and often as a way of getting or showing results from the programmatic efforts with which we involve ourselves. Program personnel can all agree that each of these—and related topics—are very important. We know that it's critical to *evaluate* our programs; we know how important it is to conduct *assessments* of our students or other target populations to determine the best ways to use our limited resources. We know how important it is to *monitor* our progress, as this keeps us on track toward accomplishing our mission, and allows us to know ways in which we need to modify our strategies and efforts (and we usually do need to make modifications because of the ever-changing nature of students and the ever-changing nature of the societal environment). *Accountability* is highlighted often, as policy makers and budget managers want to be sure that the funding is used wisely, and limited resources are important to use where the results accompany the effort.

With the various courses, workshops, lectures, and more published information on evaluation and related topics, and with chapters on how to do evaluation, we are constantly reinforced with the important role that evaluation can play in our efforts of truly making a difference on our campuses. However, evaluation is much more than, “Something that needs to be done,” or, “A form that is passed out at the end of a program, training, or event.” We know of the varied ways that evaluation can be helpful for us. Here is a brief summary of many of the important roles that evaluation can play. Said another way, here is a summary of the VALUE of evaluation. Evaluation can help in:

- Clarifying what we need and want to accomplish with the program
- Making initial plans for the program and services
- Gaining support and consensus regarding the need for specific services
- Refining the planning and modifying overall project objectives
- Reviewing program accomplishment and goal attainment
- Determining milestones and checkpoints
- Staying on track with long-term and shorter-term outcomes
- Improving the project's delivery and services
- Enhancing the impact of the project
- Sustaining the services and activities
- Modifying the program with budgetary decisions
- Sharing insights and learning with others
- Advancing knowledge through testing or refining theories
- Building the science about most effective and cost-effective approaches
- Maintaining accountability for wise use of limited funding
- Enhancing the public trust about our work

In thinking about evaluation, it is important to acknowledge that a wide range of specific strategies and “how to” efforts can be provided. Further, a range of methodologies can be applied, depending on the nature of the project, the desired learning, the availability of qualified personnel, the project setting and parameters, the funding, and much more. Quantitative and qualitative approaches, direct and indirect methodologies, scientific design considerations, short-term and long-term timelines, and process and outcome evaluation interests all come into play with the consideration of evaluation efforts. This is not to suggest outright that one is more or less important than another; what it does suggest is that a wide variety of professional foundations are important for consideration within the context of conducting evaluation of programs and services. It is important, and critical, to have a balanced and knowledgeable discussion about what is most desirable and appropriate for each project or initiative, at this point in time, regarding the evaluation efforts. This article does not represent a “how to” approach or some single-best strategies. What it does suggest is that, even when there is agreement about many of the foundations surrounding evaluation, there are many challenges that can get in the way of accomplishing this.

Specifically, even with our acknowledgement of the importance of and important roles played by evaluation, too many obstacles appear to stand in the way. Numerous roadblocks exist when conducting evaluation, particularly evaluation of a meaningful nature. These challenges or roadblocks are not meant to be exhaustive—what they do represent are common experiences regarding evaluation, compiled from working closely in doing many evaluations of campus-based, community-oriented, state and national projects. These are offered in the spirit of identifying and codifying many of the challenges that are common regarding evaluation, so that these can be identified and overcome. Specifically, some program personnel may identify with one or more of these, and others may identify a particular obstacle as all-too-common in their setting. By identifying these more publicly, plans can be made to anticipate their presence and, thereby overcome them in the planning and preparation for evaluation activities.

A specific theoretical application may be helpful in this regard. Lewin’s “force field analysis” is helpful as a foundational strategic planning tool. It can be helpful to consider what this has to offer within the realm of preparing evaluation services. In its simplest form, this framework offers “driving forces” and “restraining forces.” The overall design is for program planners to identify those aspects that would enhance the ability of an initiative to move toward a desired outcome; these “driving forces” can then be enhanced, improved, and supported. In a similar way, the “restraining forces” are specified so that plans can be made to reduce or eliminate these. For the current example, the following twenty myths or challenges about evaluation can be viewed as restraining forces; by identifying these clearly, these factors can then be anticipated, planned around, challenged, and hopefully reduced. By preparing for and anticipating these challenges, program planners seeking support for evaluation, and evaluators seeking the opportunity to conduct more effective and appropriate evaluation can both have their needs met.

For ease of understanding, these twenty statements are organized within five overall conceptual groupings: attitude, process, interpretation, practicality, and results. This helps

organize a range of factors that often stand as challenges to conducting evaluation. The aim for identifying these factors is to reduce their power and influence, thereby providing an opportunity and an incentive for greater evaluation activities and services. Resulting from that would be an enhancement of the variety of aims identified earlier in this chapter, about the value of implementing evaluation. Ultimately, this focus provides an excellent foundation for enhancing how drug and alcohol abuse and violence prevention are addressed on our nation's college and university campuses.

Attitude: A Personal Perspective

This first set of roadblocks has to do with individuals' attitudes. All-too-often, those in positions of authority or influence have personal perspectives and mindsets that limit or block the implementation of helpful evaluations. These attitudes, particularly when anticipated, can be challenged and offset.

Roadblock #1: "Evaluation is too complicated."

In fact, evaluation can be quite complicated and challenging. A quality evaluation does include numerous components and elements, and can incorporate numerous strategies and approaches. Further, it can blend quantitative and qualitative approaches, and process and outcome evaluation. While it may be quite complicated for many people, it can actually be broken down into manageable steps and made quite reasonable for any project or initiative. The important thing is that some type of evaluation be done, and that there be some sense of understanding about what results are achieved as a result of the program, and why these were achieved. While it's not reasonable to have a complicated evaluation for a simple project, it is reasonable to have some evaluation. A global statement such as is represented in this attitude is an unwarranted roadblock.

Roadblock #2: "Evaluation is expensive; our funding can be better spent elsewhere."

Certainly, evaluation can be costly. However, it doesn't have to be. It is important to match the scope of the evaluation with the scope of the project. So, if the project has a total budget of \$500, spending half of that on evaluation just doesn't make sense. However, if the project costs \$100,000, spending \$1,000 (or 1%) of the budget on the evaluation is also unwise. The funding spent on evaluation is an investment in the project, and should be properly managed and thought through early in the project. Evaluation actually is money well spent, as early evaluations can keep from investing in a non-successful program, process or instrumentation. The context of evaluation is to achieve the variety of "values" identified at the beginning of this article; what is important is to determine how you intend to use the evaluation, and what it is that you want to know and/or learn as a result of accomplishing the evaluation. That will help determine the appropriate amount to be spent on evaluation. In thinking about general projects or services regarding campus drug/alcohol abuse and violence prevention efforts, it's helpful to think generally about an amount totaling 15% of the total cost of the project. Of course, this will vary based on what is wanted from the project as a whole.

Roadblock #3: "Evaluation reports are boring."

True, any report can be boring. This really depends on what you want to know, and how you want it presented. The attitude may actually reflect the individual who doesn't want

to read any evaluation report, anyway. What is helpful in preparing the report is to consider the audience (or audiences) that will be receiving the report. These reports can also come alive and tell a story. The important thing is to get the reports to tell you what you want to know, and to prepare them for the audience(s) who will be using them. This is where a blend of evaluation approaches can come in; illustrations and examples give numerical data the richness and context, and stories and examples give a flavor about the context, the nature and the scope of the issue. It's important to customize your reports and presentations to the specific audience(s) served.

Roadblock #4: "Evaluation can never be perfect, so why bother?"

Yes, this is correct, too. But it's an attitude that can get in the way of our projects, and of evaluating our projects. If we translated this to other efforts, what would we do? With our efforts with other initiatives, such as driving a car, or building a house, or writing an article, or anything else, can these always be perfect? Since they cannot be, does that mean, "why bother" with our preparation for them? Absolutely not. Our aim is to improve, and to try to make the strategies more meaningful and obtaining better results. Prevention of drug and alcohol abuse and violence on our college campuses will never be foolproof; these will never be fully eliminated. However, our efforts can be much more efficient and effective, and the behaviors seen on our campuses can be managed much better. Nothing can be perfect, but that doesn't constrain each of us from doing something. It's important to engage in the evaluation process, and to gather data and insights in whatever processes are reasonable and manageable.

Process: Getting It Done

Just as important as the attitudes encountered with evaluation are some perspectives about the activities to be engaged. While these can be attitudinal in nature, they focus more on the strategies and activities that can be used to conduct the evaluation.

Roadblock #5: "Evaluation is really long-term; it's a longitudinal process."

While this appears to be true, it's often presented as an obstacle to doing any evaluation. Ideally, evaluation should be a longitudinal process, and one that can continue and grow over time. But it can also be set up to provide some short-term results. Within the context of the long-term implementation of evaluation, some more immediate results can be reviewed and shared with program planners and evaluators. These can be helpful in checking the progress, and determining if change needs to occur sooner rather than later. These results can also be helpful in providing some formative feedback regarding the evaluation design and implementation itself. What is important is to focus on what you want to know, and the various levels of what you want to know.

Roadblock #6: "Evaluation includes lots of different approaches; so it's not clear what to do."

Again, this is very true in the ideal sense. Many different approaches do exist that can be used or adapted for a specific project or program. It's just like a recipe book, where many different vegetables or main courses, or deserts exist. Having all these choices does not mean selecting each of them all at once. In addition, having a set of choices is much better than having a rubber-stamp approach to be used for all projects (such as a

standardized survey that everyone uses, regardless of the project's objectives or strategies). While some elements may be common across the projects, there are undoubtedly unique elements that can be captured through the uniquely designed evaluation process. It's important to blend a range of measures, so that you can triangulate the results. That is, the blend of quantitative and qualitative approaches can complement one another regarding specific findings. Similarly, the inclusion of process measures can complement the outcome measures, by learning why something occurred as a consequence of the specific intervention. What is of greatest importance is that your questions are getting addressed through whatever processes you use.

Roadblock #7: "Evaluation includes one standard instrument; how will that help me?"

This is parallel to the previous roadblock. All-too-often, program planners adopt an instrument because another project uses that instrument. It may be true that one standard approach cuts across several projects; these then can become a shared foundation or a "core" approach. These shared approaches can then serve as the foundation for a standardized evaluation instrument or protocol. However, it's important that a single standardized instrument not reflect the entire evaluation initiative, as there are undoubtedly things that your project is doing that are different from other projects in other settings. What's important is that your evaluation captures, to the greatest extent possible, what you are doing. There are projects that are very different, yet use the same instrumentation. This may be helpful in one sense, if the desired outcomes are the same. What is important is to engage in the hard work of clarifying what it is that you want your project to accomplish, and how, specifically, you will measure that. If a standardized instrument will address that, fine; however, if it doesn't address your questions, then it's important to engage a process that will answer these. The important thing is to make sure that your questions are getting answered, and done in a reasonably scientific and manageable manner.

Roadblock #8: "Evaluation is supposed to be scientific, including random and representative approaches."

The aim is for the evaluation to answer some key questions. Many of these questions focus on knowing what worked, for whom, under what conditions, and how. Central to many of these questions will be "how do you know that YOUR project made that difference?" The aim of having some scientific standards is an important one; it's important that we keep that perspective throughout. For your projects, try to incorporate as much science as possible. However, typically you are not doing research. You do want standards of quality, and you can maintain good science-based approaches to gather helpful, sound evaluation findings. At the same time, there will be occasions where you can incorporate some scientific principles without unduly constraining the project (as happens with rigorous research). Throughout the process of conducting the evaluation, it's helpful to think about how others will challenge whatever results you might receive, once these are shared. Thinking about these later challenges at the beginning of the project, when the evaluation is being designed, can be helpful in developing an appropriate, grounded process.

Roadblock #9: “Evaluation requires lots of procedures and involves lots of red tape.”

There may be procedures and policies to follow, and these are typically developed for the protection of those youth and parents served by you. Sometimes, these may seem overwhelming and demanding in terms of time and resources. However, these can be kept “in check” and do serve an important purpose. These should be identified as early in the project as possible, so that plans can be made to anticipate and avoid problems. It’s helpful to check with others about how these can be reasonably accomplished. Most campuses have Human Subjects Review Boards that provide standards, procedures, and guidance on appropriate protocols. Just as with the previous roadblock, the establishment of procedures can help provide a stronger grounding to the value of the results, and to offsetting challenges regarding these results that may appear later.

Interpretation: Whose Views Count?

With the foundations for the evaluation established, there will be results that are finalized and shared. These may be in report form, discussed in meetings, identified in news articles, and incorporated into presentations. Thinking about how these results are often viewed is an important consideration when planning and implementing the evaluation.

Roadblock #10: “Evaluation reports are confusing. They are not written in a way that is usable to me or my project personnel.”

Just as the evaluation reports do not have to be boring, it’s also true that evaluation reports don’t have to be confusing. The specific content, flow, and format of the evaluation report should be negotiated and spelled out with whatever evaluation process is specified, and this should be done at the beginning of the project. It is important that you clearly identify the questions you want answered, and that the evaluator and evaluation process does what it can to answer your questions. It’s helpful to blend narrative with illustrations, whether these are qualitative examples, or graphs, charts or figures. However, it’s important to acknowledge that all questions cannot reasonably be answered. Some of these are, indeed, subject to interpretation, and some become the foundation for additional evaluative probes or studies. Knowledge just seems to keep extending itself, whereby new knowledge creates the desire for even more new knowledge.

Roadblock #11: “Evaluation results are subject to interpretation. So, why should I do it, since different people will interpret the results differently.”

While this can be perceived as a roadblock, it can also be an asset. There may very well be different interpretations for evaluation findings, or to the results that are obtained in the evaluation activities. These different interpretations may have to do with why certain results were obtained, and they may also have to do with the meaning or context of these results. This can be helpful, as the aim of the evaluation is, generally, to gain a better understanding of what is happening within the context of the desired outcome. Thus, different perspectives can be helpful. That’s a good result, and helps you understand the truth (or truths) about what is occurring in your project.

Roadblock #12: “Evaluation results can be dangerous, since the media often distorts these; and that’s just not worth it.”

This is where it is important to be clear with what you learned and what you didn’t learn from the evaluation results. In the evaluation write-up, as well as with any press releases, discussions, presentations, and other incorporation of the results, it is important to be very clear with the results. It is important to work collaboratively with appropriate personnel – project leaders, evaluators, and media liaisons – so that the findings are clearly specified in the language of the various audiences. This may mean having media liaisons rewrite a press release so that it is both newsworthy and accurate. Further, it can be most valuable to become skilful in dealing with the media, knowing different strategies with different media sources (print, electronic, television, radio, etc.). Ultimately, it is important to get your message, and your results, out to the desired audience. While this can be quite delicate and frustrating, it can also be quite rewarding. Just as with the implementation of the evaluation process, it’s important to continually monitor how these are occurring, and to make adjustments as necessary.

Roadblock #13: “Evaluation never ends; all reports say that ‘more studies are needed’.”

This is similar to the fact that knowledge is never complete. Insights can be gathered through any process, and additional insights will help address the current uncertainties.

Practicality: Getting Down to Specifics

Moving forward with evaluation activities calls into question the range of appropriate and necessary efforts; many different points of view do exist, and these can sometimes cause additional challenges when trying to determine which evaluation approaches are most appropriate. These can be roadblocks, or they can be viewed as opportunities for maximizing both the activity and the insights gained from doing the activity.

Roadblock #14: “Evaluation is something that we don’t need to worry about now; that’s what is done at the end of the program.”

That may be true of a test at the end of a course; however, evaluation is actually a strategic planning tool. If the total thought about evaluation is gaining results and distributing them, then it might appear logical that it occurs at the end of the project. However, in order to capture what you want to know, that’s important to know at the beginning of the project – thus, the strategic planning focus. Further, conducting evaluation in various forms throughout the project can be helpful in a formative way, as already highlighted. Evaluation can be very helpful in organizing the project leaders’ thinking, and thus the program itself. Evaluation should be thought through thoroughly at the onset of a program, so that the program can work to its greatest extent to accomplish its explicit and implicit goals, and to modify these as appropriate so that clear parallelism exists among these goals, their objectives, the strategies or activities to be implemented, and the specific measures.

Roadblock #15: “Evaluation opens up so much new information that I will then have to deal with.”

That may be true, but it's more helpful to have the information than to go without it. An important part of evaluation is to have a clear idea of what you want to know, and what you'll be able to use. New information can be used to develop revised delivery approaches for future projects. It can be used to eliminate various parts of the project, and to expand other parts. Evaluation can be used to compare various approaches to determine which is most effective, and which is most cost-effective. Evaluation will, certainly, provide more information, and will often create more questions than it answers. That's the price of progress, as the ultimate aim is to do better with the specific programs and projects with which we are invested. The ultimate aim is to reduce the variety of drug, alcohol, and violence problems and concerns that we have; the context of these issues is that these are, indeed, complex and requiring attention at a variety of levels. So it should be no surprise that new information appears through our evaluative efforts.

Roadblock #16: "Evaluation is beyond my skill level, and no one will help."

This can certainly be a roadblock, and can be viewed as an attitude to not do evaluation, or it can be viewed as a realistic assessment of individual abilities. No one person should be expected to handle all aspects of a position. With substance abuse prevention coordinator positions on campus, for example, a variety of roles and responsibilities are typically expected, ranging from policy enforcement to peer education, from media relations to task force oversight, from course development to materials preparation. Add to that evaluation, it's not only a challenge in terms of the variety of roles but it's a challenge in terms of the requisite preparation for each of these. Even within evaluation, a variety of skills and areas of expertise is needed; the skills for focus groups are different from the skills for analyzing data. Thus, the important point for practitioners is to acknowledge your own areas of expertise and your own limits. To get evaluation done, know that there are always resources available; it's a matter of finding those that can be helpful in helping you know what you want and need to know, and to engage them in a thoughtful and managed way. It's important to outline evaluation goals in the beginning – there may be some of the goals and activities that engage evaluation processes that match your own current skill level. Then, it's a matter of finding ways of getting others involved in your project – your project's evaluation may be a helpful source for a student's research project or thesis, it may be of interest to a faculty member, and it may be helpful for collaboration on this as well as future initiatives, when faculty members need your assistance on a project of theirs.

Roadblock #17: "Evaluation interferes with the implementation of the program; it might control how the project gets done."

With projects such as these, evaluation should not control the project design; typically, these are not research projects with carefully defined research conditions. It's important to engage evaluation and to respect its role, but not let evaluation manage the project. There will be many evaluators who will disagree with this perspective; ultimately, it's important to balance the project itself and what it's trying to accomplish, with the documentation and evaluation protocols and processes. Clearly, this is a continuous negotiating task that will run through the project. Again, the overall perspective is one of having a meaningful project that has the desired results, which can clearly be attributed to the project that you helped implement. It would be nice, ideally, to know that your efforts

were the ones that made this contribution. That's where evaluation can be very helpful. But if the project becomes all about controlled conditions and spending too much time on data collection so that the result is "no program" or disgruntled participants, you have to wonder if the evaluation was really worth it. Again, it's a balancing process throughout.

Results: What it's All About

When the project is all over, it comes down to the findings. It comes down to what was accomplished, and what you learned about what was accomplished. It's a very exciting opportunity to summarize this, and to sit back and reflect upon the evaluation and the project itself.

Roadblock #18: "Evaluation may tell me that what I've been doing is wrong."

The evaluation, if designed well, will give insights about the project, and what aspects may be more or less helpful. It can be helpful in pointing to various aspects of the project that may be eliminated, enhanced, *tinkered with* or otherwise modified. Some aspects of the evaluation findings will be very clear, and others will suggest additional, longer, and/or complementary evaluation designs. That's part of the ongoing and formative nature of evaluation, and the importance of continuous collaboration between evaluators and project personnel. Throughout this process, the important point is to be coordinated and collaborative to help expand or redirect the project as necessary. True, what you have been doing may have not been as successful as you want. But, another perspective is that you may have had to do what you do, to result in the current learning, so that you can move forward and make progress in new directions.

Roadblock #19: "Evaluation results may affect my job."

This may be one of the biggest issues serving as a roadblock to evaluation. The results that are generated through the evaluation activities may not be precisely what you expected; they may show some parts of the project with excellent results, and other parts with results that show a need for improvement. It would be quite an accomplishment for everything coming out perfectly, and this is quite a rare occurrence! The evaluation results should, ideally, show areas that went well and areas that could be improved. There may be some readjustment of position responsibilities, or some effort to redefine ways of better meeting the overall objectives sought by the project. Where a person's job should really be affected is if evaluation is not incorporated at all, or if evaluation is done in a haphazard way. Further, if you fail to use the results of the evaluation findings, and do not respect the partnership role that evaluation can play, and then there may be implications for your job.

Roadblock #20: "Evaluation often reveals no notable differences. So, why should I have bothered?"

If you hadn't bothered to gather anything, you wouldn't have known that there were no differences. Evaluation is what is used to gather these differences. There are also times when no change is a good thing: if everyone around you (e.g., other college campuses) has increases in problematic behavior or areas of concern, and you don't, this can be good news. Ultimately, we want things to get better and, at a minimum, to not get worse.

What's important through this is that ongoing monitoring be maintained so that you continuously know what is occurring.

What is the end result of these insights? What does all of this say? How can we, as practitioners, translate these observations and experiences into something meaningful for our projects, our initiatives, our strategies, and our heart-felt efforts? One major theme through all of this is that many, many obstacles stand in the way of implementing and using meaningful evaluation strategies. Some of these obstacles have to do with attitude, some have to do with inappropriate methodologies, some have to do with priorities, and some have to do with a whole variety of issues, many of which have been outlined briefly in this article. The important point is that we can, as program administrators, college presidents, campus or community leaders, or others interested in obtaining meaningful results, accomplish more if we anticipate these obstacles. We benefit from anticipating and trying to minimize the impact of challenges such as these. Attending to these twenty roadblocks can serve as an overall challenge to us as we plan our programs, provide oversight and leadership for these programs, and make plans to evaluate them. Indeed, consciously incorporating an understanding about these roadblocks can be strategic and can help improve our evaluation strategies.

Said in a more positive way, it is important for each of us to maintain the overall perspective of the important role that evaluation plays—the “value” of evaluation. What evaluation does is critical to the improvement of our projects, our strategies, our initiatives, and our heartfelt desires of making our campuses healthier and safer living and learning communities. Evaluation can, indeed, *add value* to our efforts.

It is important for each of us, who support meaningful results for our campus-based efforts, to attend to the proactive implementation incorporated in each of the five thematic clusters. Specifically,

- Attitude: Maintain a positive, persevering perspective throughout the process of implementing initiatives and incorporating evaluation strategies and results. Evaluation is an evolving process, changing its shape and form throughout the efforts. A perspective of the “bigger picture” is always critical; while specific implementation steps, whether for the project or for the evaluation, may not proceed precisely as planned, it is important to continually remember what it is that we are actually attempting to accomplish.
- Process: Evaluation strategies are a process, and, as noted, evolve over time. This process involves the support and involvement of various key constituencies. The process requires buy-in at various phases of the implementation of evaluation. This requires an understanding of these stakeholders, and of the perspectives they hold, so that the evaluation design and written documents reflect their perspectives.
- Interpretation: How others interpret the results is critical for the sustainability of and support for the initiative. Again, with a perspective of the “larger picture”, each of us must be prepared to listen to the insights, data, and conclusions regarding what they suggest. We may need to revise our overall plan, to shift directions, and/or to generate new evaluation questions, as a result of these. We

would also benefit from thinking strategically about what we ask, and of whom we ask it. It's important that we gather information that is helpful to the program or initiative, and to not establish standards that are unreasonable or are difficult to attain.

- Practicality: Much has been written elsewhere about specific strategies, including a section in this book and the “Step-By-Step Guide to Evaluation” with its 14 steps, tips, and worksheets (see www.caph.gmu.edu). This guide provides an overall schematic plan and outlines a range of considerations for conducting evaluation efforts; it highlights the important and often-overlooked role of qualitative evaluation strategies, such as focus groups, interviews, and observations. The guide emphasizes the importance of identifying where support and assistance can be obtained. Important in the design of this guide are two feedback loops – one to the foundations supporting the program or strategy, and the other to the evaluation design itself. Finally, critical with the practicality theme is that evaluative efforts be based clearly in the foundations of the program – the hypotheses, the needs, and the results desired from the overall programmatic effort.
- Results: The bottom line for all of the programmatic and evaluation efforts is, ultimately, results. We seek ways of making a difference with our various populations and audiences. We want to address the persistent and changing needs of these populations. We remain diligent in our efforts, and incorporate the perspectives of the other areas highlighted in these closing paragraphs. Through this, we obtain better and better programmatic results, through the thoughtful use of evaluation strategies.

In summary, implementing the themes highlighted in this article help make our programs as sound, effective, and cost-effective as possible, aiding us in becoming more accountable with limited resources for the programs and the evaluations, and assist in making the programs and services more meaningful to the audiences and populations served. As leaders in institutions of higher education, these efforts can help us live up to some of the expectations placed upon us—leading the way with quality, knowledge and service. These efforts demonstrate that we are, in fact, being good stewards of the trust placed in us by the range of publics we serve.

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Binge Drinking: When Language Impedes the Practice of Prevention

Robert J. Chapman, PhD

For better than a decade, one has not been able to read a newspaper, watch a televised or cable news program or search the Internet regarding collegiate drinking without regularly encountering information about, *collegiate binge drinking*. Although this attention on the perennial problem of collegiate drinking is welcomed, there is an inherent problem in the consistent and almost exclusive focus the media have placed on it as *binge drinking*. As it appears that this term for high-risk or dangerous drinking by college students appears to be here to stay as the preeminent way to refer to this phenomenon, this is unfortunate, as the phrase then appears indicative of the way typical contemporary collegians drink. And what exactly does *binge drinking* actually mean, at least as used to refer to collegiate drinking?

The Harvard School of Public Health in its first *College Alcohol Survey* (CAS) defined four or more drinks for females, 5 or more drinks for males, consumed during a single outing as being *a binge*. Whether it was the Harvard moniker or the fact that referring to collegiate high-risk drinking as *binge drinking* was deemed a sexier way to refer to the drinking done by some students, the point remains that the media have managed to ensure that this term for high-risk and dangerous drinking be placed in the student affairs lexicon.

Many alcohol and other drug prevention specialists fear that the wide spread use of the term *binge drinking* has created several misperceptions in the general public regarding the use of alcohol by contemporary collegians. First, that "binge drinking," as a term, is both an accurate and universally accepted way to refer to high-risk collegiate alcohol use. Second is the misperception that most college students *binge drink* and thereby contribute to the problems associated with high-risk drinking. This belief is spurious at best when informal surveys and serious research continually show this not to be the case. Ironically, the Harvard School of Public Health's CAS, on which the claim that "binge drinking" is endemic in higher education is based, reports that about one-fifth of college students *binge* regularly—meaning they reported having *binged* 2 or more times during the 30 days prior to being surveyed—and less than one half were occasional binge drinkers or did so once during the same period. A third, but somewhat less obvious issue related to the use of the term *binge drinking* as the gold standard for referring to high-risk collegiate drinking can be seen in the impact the use of this term has on the user's credibility in the eyes of contemporary collegians.

Unbeknownst to the average viewer of the popular media, there is a significant controversy regarding the term "binge drinking." This term, so prominently employed in to describe high-risk drinking by contemporary collegians, is far from an accepted term by those who work in the field. From the U.S. Department of Education and its Higher Education Center to the prestigious *Journal of Studies on Alcohol*, many professionals and organizations eschew this misrepresentative term. Even the National Institute on

Alcohol Abuse and Alcoholism has called for the definition of what constitutes a binge to be changed to reflect issues of time and resulting blood alcohol concentration in determining if a binge has occurred—4 or more drinks for women, 5 for men, in a 2 hours period resulting in a blood alcohol concentration of .08.

This being said, heavy drinking is nonetheless a serious problem and few would deny this. But many in the prevention field have great difficulty with a definition for “binge drinking” that is tied to *any* number of drinks, especially 4+ drinks for women and 5+ drinks for men with no consideration of body size, time or other variables that dramatically effect resulting blood alcohol levels.

Allow me to preface these critical remarks on the reigning definition of a binge by stating that I have no argument with referring to 4+/5+ drinks as being *high-risk*, perhaps even abusive drinking. However, to quantify “bingeing” as 4+ drinks in one setting for women or 5+ for men is inaccurate at best, and may even contribute to the very problem that those reporting binge drinking statistics purport to confront. First, there is no mention of what constitutes “a standard drink.” True, the Harvard School of Public Health defines this in its publications, but this crucial information is too infrequently reported in general discussions of this topic, let alone the mainstream media that have covered this story with great zeal since its earliest publication in the Journal of the American Medical Association in 1994. This “definition of a standard drink” is crucial information for students to have if they are to make sense of any attempt to quantify “binge” or high-risk drinking. For example, most students tend to relate how much they drank by counting the number of beverages consumed rather than the amount of alcohol contained in each. In so doing, the male student who has 4 16 ounce pints of beer (64 ounces total) may inadvertently enter the high-risk blood alcohol zone even if having paid attention to the admonishment to have four or fewer drinks to avoid a binge. With a standard serving of domestic beer being 12 ounces, four servings would equal 48 ounces, a full 16-oz or *one pint* less than was actually consumed.

To tie “bingeing” to any number of drinks is likely dangerous for two practical reasons for those who work in this prevention field:

First, there are those women who will have dangerously high blood alcohol levels—because of their size, their elevated estrogen levels while on the pill, and/or because of their rapid consumption—after only 2 or 3 “standard” drinks, a standard drink equals the amount of ethanol in a 12-oz domestic beer, 10-oz serving of malt liquor, 5-oz of wine, or 1.5 oz of 80 proof spirits. The same problem is likely of some males having fewer than five drinks. By the same token, it is questionable that a 240-pound linebacker on the college football team is going to have a very high blood alcohol level if he drinks 5 12-oz beers in an evening, and herein lies the segue to point #2.

Second, students exposed to the persistent media attention related to *collegiate binge drinking* and are then confronted with the 4+/5+ drinks definition are likely not only to dismiss the “binge drinking is a problem” message as unrealistic, but they may well dismiss everything that health educators, administrators, parents, and other concerned

individuals have to say about the consequences of high-risk drinking that are associated with a 4+/5+ drinks pattern. The irony is that there is significant evidence to suggest that those who drink this way do have lower grades, miss more classes, are involved in more cases of violence, and vandalism. Unfortunately, because students have tuned out what they consider to be an absurd yardstick for measuring consumption, they may also tune out the admonishments of health educators or other collegiate officials who report on the negative correlation that exists between amount consumed and grades—as number of drinks per week goes up, academic performance goes down—or the positive correlation between amount consumed and alcohol problems—as number of drinks per week goes up, so do untoward incidents.

Even if it is assumed that the term *binge drinking* has entered the lexicon of higher education as the accepted way to refer to the consumption of 4+/5+ drinks per outing, it still only addresses the minority of collegiate drinkers. If 44.1% of students “binged” at least once in the month prior to being surveyed on their drinking behavior as is reported in 2004 CAS reports, then 55.9% are not. When the media tell us that binge drinking is rampant on our campuses, it does not take much to “hear” that “all” college students are bingeing. You know this is not so. I know this is not so. The Harvard research team knows this is not so. But the media nonetheless convey this message, either by design or neglect. While there is little if any good research to suggest that scare-tactic approaches to community education translate into permanent changes in individual high-risk behavior, there is mounting evidence to suggest that programming designed to convey accurate information about the true behavioral norm for a given population does translate into individual behavior change as the misperceptions of the social norm are corrected.

What Can Be Done?

There are several research-based approaches to addressing the problem of high-risk collegiate drinking that hold great promise: Strategies designed to correct student misperceptions of the social norms, misperceptions that result in the belief that more students are drinking more often and consuming more drinks each time they do than is the reality; and strategies that use comprehensive programs of environmental management to affect student behavior and reduce the high-risk consumption of alcohol can shape student drinking behavior.

This essays in this monograph present additional information about best practices in prevention and proffer some first-hand, personal accounts of what works and how best to mount various steps in conducting effective prevention programs. Until and unless, however, the media—including those media specifically targeting higher education and tailored to address the issues of higher education—begin to temper their reporting of the “crises” in higher education, especially regarding “binge drinking” collegians, with the proactive programming being done on campuses by many in higher education and by reporting the behavior of what most students are doing regarding their use of alcohol, nothing is going to change.

For this reason you will notice that the term *binge drinking* is used sparingly in the essays included in this collection. Although it is currently the standard when referring to high-

risk and dangerous collegiate drinking, it is not a term that has garnered universal approval in the area of prevention. The suggestions of the NIAAA regarding changes in the definition of what constitutes a binge—4+ drinks for women, 5+ for males in one two-hour period, resulting in a blood alcohol concentration in excess of .08—is a step in the right direction, but the reader is advised that not even this proposed change in the definition, even if it were to be adopted universally, would eliminate all the concerns related to the use of the term as outlined above.

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Part Two: Lessons Learned

What follows in this section is a collection of essays addressing the personal experiences and lessons learned by various administrators, student affairs professionals, and AOD prevention specialists regarding their first-person observations made while working in higher education or with professionals currently addressing the issue of high-risk drinking in higher education. These essays are designed to provide an insider's perspective on the impact of collegiate drinking as well as efforts designed to address this pressing issue in higher education.

How to Get the Attention of the Movers and Shakers

Margaret J. Barr, PhD

I have retired as an active university administrator, and one of the things that I now do is volunteer work in the local community. For example, I work with school groups at a nature museum in Chicago. One day when I was on duty, a boy about 5 asked me if we “could talk.” I sat down beside him, and he asked me how the polar bear that stands on a platform over the museum entrance got there. I started on the story of how the polar bear was found dead in Alaska, etc., and he looked at me with great wisdom and said, “not so much.” All he wanted to know was how the polar bear got from the floor of the museum to the tall platform over the entrance. His admonishment was a good one and is instructive as we work with the issue of substance abuse and violence prevention in colleges and universities.

We all need to make our lives—let alone our work—less complicated, but this can be a daunting task in today’s fast-paced world of higher education. This essay is written to organize several *common sense* observations—resulting from a career as an administrator in higher education—on how to attract the attention of campus *movers and shakers* and gain their support in preventing of high-risk drinking in today’s colleges and universities.

Working in the field of substance abuse and violence prevention is not an easy career. Practitioners spend much of their time providing services to individual students in need and in crisis with little time available for planning prevention strategies let alone considering how to garner the support of the *movers and shakers* in senior administration. Professionals working in substance abuse and prevention can become isolated in their work with students in crisis or seeking help with alcohol and other drug issues and feel alone, at times, if not misunderstood by campus colleagues. But when a success is experienced—a student is helped or campus groups change behaviors in positive ways—substance abuse professionals find a deep sense of satisfaction and joy in knowing they have made a difference in a positive and lasting way.

Yet as important as each individual substance abuse professional is, no one works alone. Each professional is part of a larger organization—a community, a college or university, a treatment center—in terms of budget, policy development and support. These larger organizations have competing demands and priorities and so often what is vitally important to the prevention professional is not seen in the same way by a supervisor, the supervisor’s dean, or other campus executive. The reality of these competing circumstances can be frustrating as prevention specialists attempt to get their messages heard in an organization that has many worthy agendas.

Consider any college or university. The prime goal of such institutions is the creation and transmission of knowledge. Most are complex organizations with departments, institutes, divisions, schools, and colleges and in some cases undergraduate, graduate and professional school programs. Each of these separate divisions embraces goals that are important to them and seeks support in the institution for those goals. For example, an

English department may feel that for purposes of good instruction, freshman English classes should be no more than twenty students. This requires a large number of faculty members and graduate assistants in order to provide instruction in small classes. In addition, the study of English is required in all degree programs of the University. Obviously, such a requirement means instruction in English is a top priority for the institution. It also means that instruction of English will be a substantial cost item for the institution if the goal of enrollment caps in English classes is met. The question remains, however, if the proposed English instruction policy is in the best interests of the entire institution? Are there other competing priorities that should be funded instead? Finally, how is the policy of limiting class size in English related to substance abuse and violence prevention? The answer is simple.

Any institution of higher education does not have unlimited resources. That state of affairs has become more acute in recent years as economic issues impact investments, donations, and state support of higher education and cost of attendance. Of course, teaching English is important to the institution, and it should be, for the prime mission of any college or university is academic. But equally important is the health and welfare of students, in order to assist them to fully participate in the educational opportunities at institutions of higher education. The ability of the English department to get their agenda under consideration in terms of policy and priorities is heightened because they have clearly linked their programs and purposes to the central purposes of the institution. The task of the substance abuse professional is to do the same thing.

The word politics has been equated with mean spirited attacks on others who do not agree with a specific point of view. That does not have to be the case. As Walker (1979) indicated, a political view is not the only way to observe and interact with any institution, but it can provide a useful perspective. "To many the mere thought of becoming political raises questions of ethics and values. The word politics brings images of smoke-filled rooms, shady deals and under the table payoffs. Politics can be ugly, nonproductive and unrewarding but it does not have to be that way" (Barr and Keating, p.39, 1979). Kantor and Stein (1979), in their seminal work state, "political issues are not the same as interpersonal issues (p.306)." The perception that they are the same is perhaps the biggest barrier to the effective use of the political system by the prevention professional.

However, the success of substance abuse profession is largely based on interpersonal skills development and the effective use of those skills. Such skills can certainly be responsibly employed in the political arena; however, caring, responding, relating and listening are not enough. Responsible political behavior for the prevention specialist involves three additional elements: showing respect, gathering information and observing and analyzing both individual and organizational behavior patterns.

A conscientious politician exhibits genuine respect for others. Professional politicians view citizens as potential voters with the power to keep or remove them from office. Therefore, the politician pursues timely responses to citizen inquiries and extends help in resolving difficulties with government agencies, all the time communicating accomplishments on behalf of the citizenry.

For prevention specialists and their student affairs colleagues, it is critical that respect be demonstrated for each individual and shareholder group associated with the enterprise. On college and university campuses as in any community, there are many shareholder groups for the enterprise. A shareholder is someone who has a legitimate interest in the success or failure of the larger organization (Kantor and Stein, 1979). In higher education there are shareholder groups both within and without the organization. Those groups include:

Internal Shareholders	External Shareholders
1. Students	1. Members of surrounding community
2. Faculty	2. Local government
3. Staff	3. Local businesses
4. Alumni	4. Recruiters of students
5. Members of the governing board	5. Foundations
6. Donors	6. State and federal agencies
7. Parents and other family members of students	7. Law enforcement
8. Administrators	8. State legislature
	9. Congress
	10. Executive branch of government

Whether dealing with internal or external shareholders, information needs to be shared, questions answered, and evidence of success presented on a regular basis regarding programs, activities, and services. In short, success by the organization is enhanced when regular and consistent communication occurs with involved shareholder groups.

On a personal level, political respect—expressed by careful attention to professional protocol and personal courtesy—is also shown in organizational behaviors. Each agency, department, and division within the institution has its own history and tradition that must be respectfully acknowledged in interactions. This can be a challenge, especially if there is disagreement with the priorities of a particular agency or department or the decisions made by administrators of other units. There is an implication in the term *political respect* that recognition and acknowledgement is given to the multiple pressures faced by colleagues and students, friends and foes, supporters and opponents. To take a respectful political stance in an organization suggests that one embraces the principle that all shareholders, agencies, and groups within the organization are owed a respectful hearing of their views.

In addition, responsible political behavior involves seeking and analyzing information. It implies a willingness to listen prior to drawing conclusions and this requires the development of multiple information networks. Responsible political behavior demands that effective prevention professionals *do their homework* through the study of facts and figures, reading and analyzing background material and understanding the implications of such data. Taking the time to gather information provides a more complete understanding

of the larger issues influencing decision-making within the institution. Since colleges and universities are complex entities there are usually many sources of information to be utilized as proposals are made and decisions reached.

Sometimes such information is acquired in casual settings, over coffee for example, although such anecdotal information usually requires independent verification. Other information comes through direct inquiry or guided conversations with those people in the organization responsible for making specific decisions or having responsibility for managing particular aspects of the institution. Also a powerful, but little used information source can be found in annual reports and old files on the subject.

The sources of information are many, and to be effective as an advocate in an institution of higher education, must also understand the current organizational structure of that institution. Reliance on generalizations or transferring experience from another campus or community without first checking the validity of that information within the new context is a mistake. The well-informed are usually the best prepared in any future negotiation (Walker, 1979).

Finally, recognizing both organizational and individual behavioral patterns is essential for success. Most people and organizations have behavior patterns. The skill lies in recognizing them as patterns and using that knowledge to meet program goals. Most professionals account for individual behavioral patterns on a daily basis. For example, the knowledge that a decision maker does not deal well with new proposals early in the day is important. Staff members who recognize and respect individual patterns of behavior by administrators are invaluable. One administrative assistant did not, for example, schedule any appointments for a vice president until after nine in the morning because the administrator needed quiet time in the morning. That specific administrative assistant was a gem, recognizing an individual pattern of behavior and using it to the advantage of the organization.

Although recognizing individual behavior patterns is a personal strength, in general, practitioners are less skilled in recognizing organizational behavior patterns. Institutional tradition, history, and structure all tend to obscure the causes of those behavior patterns. Often professionals expect to understand the antecedents of the organization's behavior. However, it may not be even possible or productive to attempt to reach understanding about why the organization behaves in the way it does. It is more important to recognize that patterns do exist and that elements or issues appearing to be independent are often linked.

For example, the prevention staff on one campus was concerned that there was alcohol advertising on the scoreboard in the football stadium. When confronted, the athletic director said he had to meet his bottom line financially and the beer distributors were lucrative sponsors. Concurrently, there was a budget crisis at the institution and its support for athletics was reduced, the president was dealing with a difficult academic tenure case, the vice president for student affairs was contemplating retirement, and the faculty senate was concerned about issues of academic freedom. In such a set of

circumstances—or any other confluence of issues that happen in organizations—the issue of alcohol advertising was seen as trivial with all the other problems facing the institution. The staff could have given up but instead they went to work. They didn't just complain about the alcohol advertising they came up with some alternate solutions that met budget needs, were supported across the institution, and were put into place when the advertising contracts expired. Alcohol advertising was eventually removed from the stadium.

Campus coalitions like the one just cited are successful because the members follow some simple, almost *common sense*, ground rules for success when operating in political organizations:

1. Identify the intersections between the goals of the prevention program and institutional priorities. Is it a reduction in negative publicity related to dangerous drinking or property damage on the campus? Perhaps it is demonstrating how the prevention of high-risk drinking is correlated with improving retention rates, increased student recruitment or in boosting donations to the institution that becomes the tipping point for gaining the support of campus decision makers? There are likely recurring themes in the public statements of influential campus leaders that will alert practitioners to key issues. The skilled programmer will take every opportunity to link a prevention agenda to those issues. For example, the link between the abuse of alcohol and other drugs and violence and property damage on campus is well established in the literature. Support for campus prevention efforts comes from linking this general knowledge with change in your institution and surrounding community. One suggestion is to work with campus safety and security, as well as community law enforcement agencies and your residence hall staff, to collect the data that can document the link between drinking and vandalism, suggesting how prevention efforts are likely to affect it.
2. Humanize the issues being addressed by prevention programs on the campus in order to attract the attention and support of senior administrators. Share stories, within the limits of confidentiality, with key administrators about actual students and their struggles and issues on campus. Such stories humanize campus problems and linked the students experiencing them to administrators setting policies and priorities.
3. Do not try to shield a mover and shaker from *bad news*. These decision makers need to know everything that is happening on campus so that they can address the aftermath in the larger community. If a student death is related to alcohol, these administrators need to understand the connection between the tragedy and the role alcohol or other drugs played in its occurrence. This can be done without breaking confidentiality and it enables the senior administrator to become an advocate and a leader under difficult circumstances.
4. Include a suggested solution when communicating a problem to a senior administrator. Laurence Mazzeno, president of Alvernia College in Reading, Pennsylvania, suggests providing the president or other administrative superior with actual success stories regarding proposed solutions to a campus problem. He suggests in part that, "Showing your president how others have achieved success will build his or her confidence with what may at first appear to be a risky

endeavor; President's don't like to adopt programs that have no chance of succeeding." (2003).

5. Be realistic. If you are proposing a new program, don't promise more than can be delivered. For example, it is probably unrealistic to indicate that one specific intervention will change the campus drinking culture in one year. Set realistic goals that are measurable, can be achieved in a reasonable amount of time, and will allow the institution as a whole to take credit for the change.
6. Recognize the many campus shareholders that can influence your efforts and help administrators to do likewise. Provide information that can be used in a senior administrator's speeches and in public presentations and localize national statistics to the institution. In other words, *do the homework* for your president or other official. For example, one vice president used to provide several stories each year for the president that could be used in his annual State of the University speech. Sometimes he used them and sometimes he didn't, but the vice president usually knew that he read them for the stories would be used in other settings as he talked about the challenges of working with today's college students.
7. Directly involve your campus *movers and shakers* when it counts. It is not a good use of their time to be involved with every committee meeting or deal with every issue. Involve them instead when the tone needs to be set and when the message needs to be clear and unambiguous regarding the values of the community and the institution regarding violence and substance abuse. Again provide accurate facts and figures and stories that can humanize the message that needs to be told.
8. Never bring a litany of problems without a corresponding list of potential solutions to your *movers and shakers*. This includes providing a *complete* analysis of the problems and any potential risks that may be associated with each solution. For example, extending the judicial code of the institution to cover inappropriate student behavior off campus could be one such solution. Although an apparently simple enough solution on the surface, it is one that has significant budget implications associated with adding judicial staff to adjudicate the resulting cases, public relations efforts, and staff to respond to community complaints as well as coordinating an increased police presence in the neighborhood with campus safety and security activities. When a *mover and shaker* has been fully briefed regarding all aspects of a potential solution, when the fiscal and legal implications of such a move have been thoroughly vetted, an informed decision can be made.
9. Follow established protocol in the decision-making process and do not attempt to bypass those to whom you report in the organization. Make sure that supervisors are fully aware of the agenda and actions taken, for no one likes to be surprised. In addition, immediate supervisors cannot help further a prevention program's development if they are not included in its development and they may even become a hindrance if they are not informed.
10. Remember that prevention programs are a community activity. The deterrence of high-risk drinking or other drug use will not happen in isolation therefore a coordinated effort needs to be conducted that involves the entire campus community. Some campuses have been successful in integrating issues related to substance abuse and violence into the curriculum; others have focused on student-affairs-related interventions. Pursuing the support of the *movers and shakers* on a

- given campus involves recognizing potential coalitions and developing these vehicles of change on the campus. The key is to have a steady agenda that moves prevention efforts forward on a sustained basis.
11. Assist in developing and enforcing clear and unambiguous standards regarding violence and substance abuse. Becoming involved with regional and national coalitions concerned with higher education and the prevention of alcohol and other drug abuse and violence. For example, *The Network: Addressing collegiate alcohol and other drug issues* can be useful by providing ready access to information, strategies, and resources on both the national and regional level. As an advocate for prevention efforts on campus, it is important that one remain knowledgeable about state and federal law and the impact it has on institutional policies, particularly at your institution. Such connections on the regional and national level can be quite useful as regards implementing several of the recommendations outlined above.
 12. On a somewhat personal note, take care of yourself. One needs to maintain perspective while advancing a campus prevention agenda; this is not an easy task. Commanding the attention of campus *movers and shakers* can be daunting, as colleagues will undoubtedly be pursuing their equally important agendas with passion and resolve. If you lose your perspective—or your health—then your efforts will have been for naught, and preventing high-risk drinking will remain a perennial problem seen as unique and unrelated to academic programs or general institutional policies.

Efforts to effect campus change, especially those that involve soliciting the support of campus *movers and shakers*, are generally effective if one employs patience, persistence and perseverance. Just like students, college presidents do not change their thinking overnight and one must be patient if expecting to see the campus culture change. Being persistent suggests that senior administrators are people first and decision makers second and as such, must be presented with regular opportunities to see the institutional logic of a prevention agenda. The importance of perseverance is recognized when one realizes that to senior administration, viewing their involvement in developing a comprehensive high-risk drinking prevention strategy is going to seem alien, resulting in their initial rebuff if not dismissal of your ideas. Change in an institution's policies is the product of change in the thinking of those who make the policies, and these *movers and shakers* change their thinking through interaction with dedicated professionals working one day at a time.

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Fences May Make Good Neighbors, But Not In Prevention: My Experience In An On-Going Collaboration To Address Dangerous Drinking On The College Campus

Linda C. Lederman, Ph.D.

Universities and Colleges are Complex

Those of us who do prevention work in higher education are well aware that colleges and universities are complex communities that help shape the behavior of their members, especially their students (Goree, 1996). As centers of learning, institutions of higher education are entrusted to create a community that nurtures intellectual and social development and to develop an environment where students study, live, work, and play in safety and harmony (Burns & Klawunn, 1997). There are many factors that affect this environment, including student behavior, cultural norms and assumptions, societal practices, and institutional and community policies and opportunities.

The purpose of this essay is to share my experiences in addressing those complex issues through the formation of an on-going formal collaboration that cuts across the usual fences in universities that divide faculty, staff and students. Ten years of collaboration leads me to believe that an important element of successful prevention on the college campus is a partnership in which research faculty, prevention specialists, undergraduate and graduate students and college life staff work closely together in order to understand their competing roles and responsibilities while at the same time creating gates through these fences.

Background: My University Although Different is Not Unique

The university at which I have worked to reduce dangerous drinking is a complex, public, major northeastern institution with 51,000 students attending one of 29 schools or colleges spread across seven campuses in four cities. Fourteen of these colleges are for undergraduate students, each with its own dean of students and a student life staff. Six of these are full undergraduate colleges with residence halls, commuter programs, and recreational facilities. Although part of the overall university system, these undergraduate colleges also have their own identity and therefore their own policies and expectations of student behavior (Goodhart & Laitman, 2005).

The university is the eighth oldest degree granting institution in the nation. It is known as a safe campus and not seen as a “party school” due in part to the fact that dangerous drinking on campus is below national norms (Lederman, Stewart, Goodhart, & Laitman, 2003). In large measure, this is because for more than two decades the university has consistently addressed alcohol use among its students with a comprehensive five-pronged effort that includes education, prevention, intervention, treatment, and enforcement working together in what DeJong et al. (1998) refer to as the environmental management approach.

In the early 1980s, the university developed a comprehensive policy on the use of alcoholic beverages and created additional university-wide blue ribbon panels to institutionalize prevention as a priority on campus. In 1989, the university sought and won funding from the U.S. Department of Education's Fund for the Improvement of Post Secondary Education (FIPSE) to study the campus, including students, faculty and staff, and parents constituencies. I was invited to join the team as the lead qualitative researcher. Our methods of study were multiple. Through the combination of campus random surveys, qualitative depth and focus group interviews, and observational studies, a three-year study led to a deeper understanding of drinking at the university. The resulting understanding of the university community and the role alcohol played in it I refer to as, *the culture of college drinking* (Lederman, 1993). In a collegiate environment, the shared images, behaviors, attitudes, and perceptions related to alcohol create a culturally specific sense that drinking heavily is an inherent and inevitable part of the college years. In addition, heavy drinking is viewed as a rite of passage rather than a health issue or social concern. In this view, drinking excessively is simply something that exists, has existed, and will always exist as part of growing up. In sum, the culture of college drinking is a shared reality learned through drinking-related experiences, stories shared among students with one another, perceptions and many misperceptions of the behaviors and expectancies of one another, and a sense that belonging and bonding are so connected with drinking that the negative consequences are merely the admission price to belonging to this collegiate culture. This re-conceptualization of drinking as a culturally based part of student social interactions has been the basis of much of the prevention work done on the campus in the ensuing years (Lederman & Stewart, 2005).

Something equally as important as achieving a better understanding of drinking patterns at the university resulted from that first funded study: the experience of faculty, professional staff and students working together in an on-going collaborative effort. It was this understanding of the value of partnering that eventually led me to seek out colleagues in Communication and health professionals at the university Health Services in order to institutionalize collaboration and augment the Health Services' already in-place to provide alcohol prevention programs. To foster the goals related to changing the culture of college drinking, we solidified our formal partnership by creating an entity that was named the, Center for Communication and Health Issues (CHI). Although at first this committee was little more than the name we had given ourselves coupled with our own energies and aspirations for collaboration, we were determined to identify funds to support our shared vision of reducing dangerous drinking on campus. Our primary objective was to work collaboratively and so we developed the practice of meeting bi-weekly in continuous efforts to change the campus drinking culture. During the first five years that CHI was in existence, funding was secured from both campus sources as well as from major governmental agencies.

Attracting funding from both on and off-campus resources enabled CHI to create research projects, implement and evaluate prevention programs, and to better understand and change college drinking-related behavior at the university. These efforts included continuous and periodic campus-wide surveys, curriculum infusion initiatives, prevention campaigns, and program evaluation. Our periodic surveys on drinking behavior tracked

trends in student alcohol use and perceptions as well as formed a database from which to argue for the continuation or revision of existing campus programs. One notable outcome of this continuous assessment was a six-year long social marketing campaign, *RU SURE*. In this campaign, student misperceptions regarding normative campus drinking behavior were challenged. Accurate information regarding student drinking was infused into the curriculum and first-year student residence hall activities routinely challenged student misperceptions regarding campus drinking.

The data collected by CHI supported the continuation of the campaign, which focused primarily on first year students. During the campaign, students *stole* campaign posters to hang in their dorm rooms, the accurate drinking-related statistics cited on those posters becoming the topic of many conversations between students. It quickly became obvious that the *RU SURE* campaign was more than a *stand-alone* activity. Members of CHI saw the campaign as having a priming effect on campus in that it made students open to the whole range of other prevention activities.

As an outcome of our experiences with the campaign, one of my colleagues and I wrote, *Changing the Culture of College Drinking* (Lederman & Stewart, 2005). The book is a case study on the *RU SURE* campaign, complete with a review of the research, theory, and practices employed in the campaign. The collaboration between CHI members, as described in this essay, was the key to the success of the *RU Sure* campaign described in that book. Our ability to collaborate at CHI, drawing on each other's strengths and experiences, was the foundation for that successful social norms campaign. In essence, it was the collaborative efforts of CHI members that enabled all of the initiatives taken during the years of CHI's existence to come to fruition. Interestingly, this significant program of prevention resulted from what we affectionately called my *kitchen table*, a old wooden table in my campus office around which we initially sat with far more ideas than money to enact them.

Prevention is Not a Solitary Activity

Prevention-oriented professionals in higher education know that alcohol-related issues on any contemporary college campus are complex issues requiring the involvement of various stakeholders including university staff, faculty, police, administrators, and, perhaps most importantly, students. Formulating a comprehensive prevention agenda is essential if dangerous drinking is to be addressed effectively on any campus. One such comprehensive approach is known as *environmental management* (DeJong et al, 1998), which is steeped in an appreciation for the importance of collaborations between traditionally divided campus constituencies such as staff, faculty, administrators, and students to mention a few.

Appreciating the significance of these environmental management strategies and in addition to its own research and prevention activities, CHI members participate in a campus-wide committee, created by the university President, that represents a coalition of health educators, counselors, student life staff, faculty, campus police, students, and community partners. This committee meets regularly to ensure the widespread

involvement of these key campus and community stakeholders in the design and implementation of a comprehensive campus prevention program.

This campus committee functions as a *think tank*, discussing various ideas and strategies consistent with an environmental management approach to prevention while CHI is more of an action group that pursues specific prevention goals and objectives, all the time collecting data to evaluate program outcome. Having CHI members serve on this presidential committee in addition to involvement with its prevention agenda ensures coordination of the constituencies and their missions. For example, we are currently developing an activity to help make students aware of the dangerous consequences of alcohol poisoning. This is an outgrowth of learning from enforcement officers on the committee of the serious lack of information that students have about how deadly excessive drinking can be.

I think the experience at my university is a useful case study in *how* this collaborative approach can be successful over time. It is also an example that the differences in goals, missions, training and experiences among collaborative partners are bridges that must be crossed if successful prevention is to take place on a campus. I consider the success of these two groups to be based on the mutual respect each holds for the expertise of the other as well as the willingness demonstrated by both groups' members to be flexible and realistic in their expectations of one another. The resulting understanding is that that everyone benefits from contributing to the collaboration. For example, just as our alcohol prevention specialists benefit from the research and evaluation expertise of faculty and grad students, the faculty and grad students gain a more practical understanding of the mechanics of doing *prevention* via specialists' expertise in prevention. This collaboration was invaluable when it came to seeking funding for joint prevention efforts.

Is there another secret to this success; perhaps, although this is unknown at this time. What does seem clear—and I do know that I have learned many lessons in the course of this work about partnering and collaboration—is that these experiences are likely to be useful to others nurturing similar collaborations at the own institutions.

Bridges across Divides: Lessons Learned

Many of the lessons that I have learned are likely common sense and suggest what you may already know from your own experience with committees and collaborative work groups. In fact, none of the suggestions that I am about to share with you is, in and of itself, necessarily profound, but even the simple lessons of learning to work collaboratively that are obvious when stated individually are worth presenting collectively as a template for success when working in a group. Collaborations such as the one I have been describing are the cornerstones of an environmental management approach to prevention, and the concepts, processes and goals of environmental management are well articulated already in the work of DeJong et al (1998). The U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention is an excellent resource for all of the technical information and support that any of us can use in working to create an environmental approach; I commend their work to you for your review (<http://www.edc.org/hec/>). But this essay is

more about the lessons that I have personally learned from working within such a framework than about specific environmental management strategies per se; the personal lessons I have drawn from the successes, and challenges, of collaborating across boundaries, and creating bridges over the walls that usually divide faculty, administration, students and student life and health professional staff.

Here are the most important lessons learned so far, and ones I use to inform my work whenever entering a new collaboration:

Just Do What You're Good at Doing

As the old adage suggests, *nothing succeeds like success*. This is particularly true in working with others: What you know has taken a long time to learn, and it is equally important not to abandon what you know *best* while learning something new. Learning is good, of course; we are all better off when remaining open to new learning experiences. This is not to say, do *just* what you're good at, but to build from your strengths. For example, I know much more about communication as an area of study than I do about prevention, and much more about research and teaching than I do about prevention practices. Consequently, I have learned more about prevention by working in collaboration with others who are expert in it while contributing my expertise as a communication scholar and researcher. By taking what we are good at and contributing it to the collaboration, we learn from each other by way of sharing our expertise.

Acknowledge What Others Do Well

Maybe the most important part of this lesson is that most of us really appreciate being acknowledged for our good work and tend to work even harder when we feel appreciated. It is easy to take oneself and those we work with collaboratively for granted, especially when busy doing the work we came together to do, but making time to express appreciation for each other's contributions makes the work easier. The bottom line here is that each member of the workgroup brings different strengths to any collaboration and these strengths, collectively, make-up for any weakness an individual member may have regarding the charge of the group. Mutual acknowledgment of each other's strengths is a sign of a healthy collaboration and when members of such a group feel secure enough in their own contributions it is easier to recognize and acknowledge appreciation for the contributions of others. So in many ways, this lesson is related to the first: do what you are good at doing. When secure in one's personal expertise it is easier to acknowledge and appreciate the expertise of others. An example of this, for me, is that one of the primary partners in CHI is an expert in treatment. I have learned much from this colleague and I have no doubt that our efforts as a committee are more sensitive to those who suffer from alcoholism as the result of her expertise and contributions to the group. I take every opportunity that I can when we meet other people to acknowledge her expertise and contribution to our efforts. It takes nothing away from me to credit her for her contributions to CHI and it makes her feel appreciated, which she is.

Collaborate by Encouraging the Pursuit of Personal Interests

It has been my observation that part of being a professional is learning to do things that otherwise might not have been done unless required. As a professor, I would never give

grades if they were not required, but as a teacher, grading student performance is part of the job. In every working group, however, the opportunity exists to contribute by doing desirable tasks. A lesson I have learned is to seize this opportunity.

Regarding my involvement with CHI, I volunteer to do what I enjoy doing, writing; I do lots of the writing. On the other hand, I am not a particularly good time manager. Fortunately, another member of the CHI team is an effective time manager and more to the point, enjoys doing it; she keeps all members of the group on task. She and I have an easy time collaborating because each of us contributes by doing what she enjoys and does well. If group tasks can be delegated according to member preferences, we sometimes find that volunteers meet all committee responsibilities. And on those occasions when no volunteers step forward, CHI members readily accept these chores, in part because they have been given their first choices.

Another CHI colleague has talent as a copyeditor. Because of her excellent editorial eye, she has final approval on all CHI publications. This is actually a relief to those who dread the very tasks that she enjoys. As Sondra Anise Barnes has said, “It is so hard when I have to and so easy when I want to.” Collaboration is about finding the opportunity for contributors to do what each *wants* while pursuing the charge of the collective.

Know What Motivates Your Participation and Honor It

Participation in a prevention collaborative occurs because we want to accomplish the goal of making our campuses safer places in which to live and learn. This may not be the only reason for participation or even the first reason that some join a collaborative effort; that is not a bad thing. I was initially motivated to accept an invitation to do the research on a collaborative alcohol prevention project not because of the subject, but because my own son was a first year university student and I found myself living alone. I’d probably have said yes to any new project that absorbed my time and interests. That personal motivation was irrelevant to the group but it was initially what motivated my participation. Since my need for a new interest was satisfied I was willing to contribute my time and expertise and came to find an abiding interest in the topic of prevention.

Some of my grad students I’m sure are initially motivated by the experience of working on a project that can be written about and published. It makes them willing to do the tasks the collaboration needs done with data collection and analysis. Another example of an ulterior motive serving to attract an individual to work on a collaborative is a CHI colleague who is the only person on campus responsible for addressing a particular area of alcohol abuse; the group serves as a sounding board for her regarding her primary job. All such motivations that drive involvement in collaborative efforts are important reasons for participation. It is essential to encourage members of any collaborative to make sure that they address their personal reasons for participation. Doing so ensures that they are satisfied participants in the collaborative project and this, in turn, increases the likelihood of a continued and enthusiastic participation in the shared goal of alcohol prevention.

Spend Time in Communication and Information Sharing

When working with others in concert it is important to make time to communicate about the tasks on which you collaborate. Deadlines sometimes make such investments of time seem like a luxury, but facilitating the exchange of ideas and opportunity to talk about the process of change as well as progress being made on recognized goals is important. Such communication also provides the opportunity to acknowledge the contributions individual members of the collaborative are making. More important, perhaps, than this exchange of ideas and acknowledgement of individual contribution is the team bonding that results from such communication. While coordinating efforts may seem time consuming in the short run, investing in opportunities for a work group to interact regularly ensures that details are addressed and fewer tasks *fall between the cracks*.

Prioritize and Identify Leadership

Without regular meetings to chart progress towards stated goals, assumptions will be made that important tasks have been addressed, only to have them fall on the shoulders of a small group within the larger collaboration. Morale and the willingness to continue with the collective can be severely dampened as a result. Even seemingly small tasks can sabotage progress if left unattended due to the assumption that *someone else has taken care of this*. This lesson was learned when our team discovered that no one had obtained student permission to allow CHI to use their photos taken at a wildly successful sober event on campus. Because of this oversight, none of the documentation of this highly successful campus event could be released to the campus. The result of this experience was for the group to maintain a running list of action items, progress on them, and the person responsible for addressing the task. Coordinating this process necessitates a leadership task and there is always a member of the group willing to serve as the task manager, someone who is adept at organizing and delegating. Simply encouraging members to pursue their strengths and become involved in those aspects of the task they enjoy facilitate the task of identifying this individual. When group members know *who is responsible for what*, trust and appreciation will result from any collaboration.

Reward Participation

Because partners involved in any collaboration will realize various personal objectives in addition to the pursuit of the common goal of alcohol prevention, these ancillary benefits need to be legitimate within a given institutional setting. For example, at my university, faculty can't be paid for their time working on the collaboration during the academic year, even when the collaboration adds considerably to their work schedule. Neither can professional staff. That means that they can either contribute their time without remuneration or, occasionally in the case of a faculty member, get paid a small stipend during the following summer for work they've done all during the previous year on the project. But many worthwhile projects do not have sufficient funding to pay anyone at all. In such cases the altruistic value of the involvement may be motivation enough, especially if other collaborators value the participant's contribution.

Identifying potential benefits of committee participation that members may find personally rewarding has been particularly useful when identifying potential committees or coalitions members. For example, letters of recommendation commending participants

for their work to be placed in a their personnel file, or a call from the committee chair to a participant's supervisor to document contributions made in addressing the committee's charge can become powerful incentives to motivate participation, particularly for faculty who are looking to document institutional service in a tenure and promotion dossier. Other incentives can be less political and more personal. For example, at CHI I initiated an annual recognition luncheon where members of the committee were individually recognized with certificates of appreciation.

A potential benefit to committee work, albeit intangible, that may attract faculty and graduate student involvement is access to the data collected that are related to a project the committee is addressing. Access to these data may be of interest given their own research agendas thereby providing added motivation to contribute to the project.

Such efforts at providing rewards beyond the satisfaction of having addressed an important campus issue generally cost little but add to the personal and professional attractiveness of involvement on a campus committee addressing dangerous drinking. The key is to find the specific rewards, permitted within a university's structure, that are meaningful to those you seek to attract to serve on your committee.

Allow for Differences and Work Through Them

One of the most challenging parts of collaborating on a given project is dealing with the personalities and professional differences that arise regarding project goals, strategies for addressing them, or the individual value systems that may emerge as a group of people work together. As these differences come to light, it is possible to find the common ground on which to work even if this is little more than the proverbial, *agreement to disagree*.

Effective collaborations require understanding these differences and finding ways to use them to strengthen the workgroup or committee. One of the undergraduates working on the CHI projects in the first semester we were designing the *RU SURE* campaign was an aspiring comic. At first, his humor appeared to be an obstacle that was difficult for some on the committee to accept. As it turned out, however, when pilot testing materials for a campus campaign designed to correct student misperceptions about the social norms regarding student drinking, the humorous approach suggested by this undergraduate committee member effectively attracted student attention to the campaign. Because his humor resonated with students, the campaign has succeeded for more than six years, one semester at a time, in effectively addressing the misperceptions of the social norms held by each successive groups of entering first-year students.

There is perhaps no greater challenge in committee work than collaborating with people who think differently from one another. One of the contributions that a successful collaboration brings to the larger institutional community is that it can become a model for bridging differences between disparate thinkers. An effective committee, one where the individual variables each member brings to the discussion are celebrated and the end result is the successful execution the committee's charge, can serve as a model for the entire campus community.

Take into account the Perspectives of Others

It is easy to work with people who share one's perspective on prevention. But previously unconsidered solutions to difficult problems can result from the collaborative efforts of varied thinkers, from different schools of thought, who have vastly different training. As noted in the previous suggestion, placing a variety of community shareholders on the same prevention committee can pose initial challenges as different methods of problem solving or dissimilar conceptualizations of prevention efforts, alcohol abuse, and alcoholism begin to emerge as the committee addresses its charge. But this initial period of orientation and the blending of ideas and suggestions from various disciplines can often result in a more versatile and effective program.

On our team we have both professionals responsible for conducting prevention efforts at the university as well as those responsible for providing treatment to students who are abusing or dependent on alcohol or other drugs. The committee is also populated by those, such as myself, who study alcohol use as a social facilitator rather than as a social problem or a disease. We all think differently about heavy drinkers. I have no doubt that our collaboration and approach to prevention is strengthened by the mutual respect and openness to each other's ideas, perspectives, and methodologies.

It has been my observation, for example, that we are less likely to fall into the trap of demonizing heavy drinkers as the treatment specialists on the committee help us understand that for many of these drinkers, the problem is not social: it is a disease. And even those among us who may think of alcohol dependence as something other than a disease learn by listening to the different views discussed in our meetings by those with varying professional backgrounds and experience. It may be that no one ever changes professional perspectives, but it is often the case that we are more informed by the ways others think, especially those who may see issues differently from ourselves.

A Final Word: The *Jack Sprat* Principle

These are the major lessons I have learned about working with others effectively over ten years of involvement with a highly effective committee charged with the responsibility of preventing dangerous drinking on my campus. I put these lessons together in this sequence not because they naturally fall in that order but to create an acronym to be used as a mnemonic—what I decided to call my *Jack Sprat* principle. It is my way of remembering and reminding myself of what I have learned about effective collaborations. If you recall the old nursery rhyme, *Jack Sprat could eat no fat, his wife could eat no lean, but between the two of them...*

To bring this nursery rhyme metaphor to a conclusion, learning how to work effectively with others facilitates the establishment of collaborative relationships, the result of which is...*they left the platter clean.*

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Higher Ed – Law Enforcement Partnerships: Understanding Cultural Differences

Laurence W. Mazzeno, Ph.D.

No doubt nearly everyone engaged in Alcohol and Other Drug (AOD) prevention and treatment initiatives on college campuses has been encouraged at one time or another not to “go it alone.” “Form coalitions!” “Build a team!” “Get the community involved!” The Environmental Approach to dealing with alcohol and other drug problems is in vogue now, perhaps with good reason; initial research suggests that the strategy can have a positive impact in reducing high-risk behaviors among college students. However, anyone who has undertaken collaborative work with representatives from the community is likely to have learned a hard lesson: Not everyone approaches the problem of alcohol and other drug use and abuse with the same presuppositions, and hence not everyone is willing to accept without question the programs and solutions proposed by AOD prevention and treatment specialists. I would like to address one such collaborative partnership—that which we might form with local law enforcement agencies—and suggest ways those of us in higher education might make such partnerships more effective.

Most people working in colleges and universities are unfamiliar with the workings of law enforcement agencies. Like so many of the “service industries” with whom we come in contact daily, “the police” are perceived as a monolithic entity charged with enforcing laws. Frequently we complain about them until we need them, and then we’re glad they are on hand to help us in a crisis. What we need to understand, however, is that the variety among law enforcement agencies is as wide as that which exists within the higher education community—but that law enforcement professionals are as committed to their mission of community security and safety as we are to education.

I am no expert on law enforcement—or on alcohol and other drug treatment and prevention, for that matter. I have never run a program to promote reduced consumption of alcohol. I have *certainly* never walked a beat or driven a patrol car to the scene of a party at which some young woman has been raped, or some young man plunged over a balcony, falling to his death in a drunken stupor. But as someone who has been in leadership positions in higher education for nearly two decades, I have had to call parents to report on the consequences of the bad choices their son or daughter has made regarding substance use and abuse. I have lamented over the resources we’ve poured into what seems at times an intractable problem. And I’ve seen the energy we’ve wasted pointing fingers at each other, both inside higher education and out, assuming someone else is to blame for what continues to happen on college campuses across America. The need for partnerships may be apparent. Nevertheless, if we are to be successful collaborators, before we begin to work effectively together, we need to understand something about ourselves and the different ways we view what is ostensibly the same problem.

Let me begin with a cautionary maxim for those in higher education wishing to work effectively with law enforcement professionals: *Where you stand depends on where you sit*. You do not have to look outside of higher education to prove the truth of this adage. Here is a personal example: At the end of the school year during which we organized our Community Coalition, one of the student representatives to the group came to visit me briefly to make a small presentation. He was president of our Criminal Justice club, which had organized an activity to raise money to support charitable and community service initiatives. Proudly he took from his knapsack a bright maroon t-shirt emblazoned across the front: “Alvernia’s First Paint Ball Tournament.” The College seal and the Club’s logo were beneath the wording. Then he turned the shirt around to reveal the logo of the sponsor who had paid for the shirts: BEER MART.

Of course, all of us would agree that the promotion of alcoholic beverages on campus is not something we want to support. But this young man had pounded the pavements looking for help, and the manager of The Beer Mart, a local distribution center and a good citizen of our community, had come through for him. So what was I to do? Condemn the young man for promoting alcohol consumption, or congratulate him for his initiative in raising funds for his club? Those who have spent years trying to keep the alcoholic beverage industry off campuses may be quick to condemn the young man’s judgment; but what about those responsible for our community service program, whose activities depend on revenue from student-organized projects? The snap judgment of either group could drive a wedge between them. There is “right” on both sides; finding a way to satisfy both constituencies requires that one understand both their ends—and their means.

With that in mind, I offer the following seven points that I believe require understanding by both AOD prevention and treatment specialists and law enforcement professionals who want to work collaboratively to improve the climate on any college campus with respect to underage drinking and to alcohol and other drug abuse in general.

1. Education and Law Enforcement have very different paradigms for operating their respective enterprises. It follows logically therefore, that the two groups have very different approaches to dealing with problems. The function of education is to promote knowledge and understanding; the function of law enforcement is to create a safe environment for citizens. The methods we use in the classroom are often carried over into our work in other areas on campus: investigation, experimentation, trial-and-error, role-playing. Clearly, at times engaging in the educational enterprise can involve taking risks. With rare exceptions, those in law enforcement cannot allow for too much risk, especially if doing so endangers the wellbeing of the community as a whole. They tend to follow strict guidelines—rules, ordinances, and laws—to be certain that citizens can live without undue fear for their safety or security.

2. Those in Education and those in Law Enforcement see students in very different ways. College faculty and staff see students—especially those of traditional age, between 18 and 23—as young adults whose capacity for learning must be satisfied, whose desire for mastering useful professional skills must be met, and whose sense of self is not yet fully

developed. Our job is to help them experiment with alternative “selves,” finding out how they fit best in professional, community, and personal relationships. On the other hand, by its very nature, the law enforcement community cannot tolerate too much experimentation. Where we focus on the individual, the law enforcement professional must focus on the common good. For the police and others in community leadership, students are citizens—first and last—with the same rights, but also the same responsibilities, as others in their borough, city, county, or State.

3. A college campus is often perceived as being different from “the real world” At many colleges and universities it is permissible to do things on campus that would be totally unacceptable out in the community. We allow more because we believe we can control the environment in which students live, work, and play. We believe we can step in before anything too terrible happens to them. At the risk of offending some readers with an analogy drawn from the military, we think of ourselves as drill sergeants (with a heart, of course): We impose many artificial rules and deadlines on students in the hopes that, if they can adjust to our demands, they will be prepared to function in the world after college, where the demands may be harsher and the risks greater. The police, on the other hand, operate in a world where there may be dire consequences for unacceptable behavior. They may have some discretion in dealing with minor offenses, but they cannot be expected to “look the other way” because a young man or woman is in college.

While I am on the topic of alternative systems, I would like to offer another sobering observation. At the risk of offending colleagues in student development, I am convinced that we in higher education have exacerbated the problem through the creating of alternative “justice systems” to punish transgressors. These systems seem to me to be appropriate when used for settling disputes among roommates or to enforce other college policies that are not in fact violations of local, state, or federal law. Unfortunately, when these systems are used to substitute for regular law enforcement in handling true legal infractions, they frequently make a mockery of the rights of others who can be harmed severely by the actions of college students who believe that any act of hooliganism should be excused as a mere prank.

A personal example may illustrate what I mean. On my own campus several years ago, I was forced to expel four students who thought it clever to tie up a roommate (who was clad only in his underwear) and drag him up a flight of stairs to deposit him in front of a young woman’s door. We were forced to take the student to the hospital, where the injuries were considered sufficient to warrant a charge of battery. Unfortunately, we chose to deal with this incident through our judicial process, where the perpetrators and judicial board collectively turned the proceedings into a kangaroo court. The rights of the victim became lost in name-calling and courtroom gymnastics taken from bad television crime dramas. The same type of behavior is routinely practiced on too many college campuses, where student-led “J-Board” proceedings focus more on process than on the severity of the offense. While I do not wish to indict all judicial boards, I simply offer as a cautionary tale my own experience, because the local police (and the district attorney) take a dim view of proceedings established to replace the justice system in which professionals from the police and the law play a primary role.

4. Student attitudes are hard to shake, and peer pressure is often at odds with the law. This observation will be nothing new to seasoned AOD prevention and treatment professionals, but it bears repeating. It is important to realize the magnitude of the resistance within the student subculture to our efforts at curbing their use of drugs, especially alcohol. Student attitudes are hard to shake, and peer pressure is often at odds with the law. Eighteen-year-olds believe they have a right to drink – and on occasion parents have abetted this belief. Again, my own experience bears this out. In my second year as president, I was preparing to leave our New Freshmen Orientation program at the end of the first day, having given my “dangers of alcohol” speech to parents and students, when the Head Resident Assistant approached me, seeking advice. He had been approached by a parent who took him aside to ask a favor. “I know what the president said,” the parent whispered to my Head RA. “But tell me: Can you guys make sure my son knows where to go to have a good time?” The implication was clear—and frightening.

5. On some campuses, students who want to drink or use drugs have powerful allies. Many on the faculty and staff, especially old-timers, believe the law is flawed, and that college campuses should be “above” or “outside” the law. Faculty will sometimes lobby for light penalties (or none at all) for students who drink (or even for those who use “soft” drugs such as marijuana). They see such behavior as part of the “experimentation” that goes on among college students as they “find” themselves and prepare for the “real world” after college. More than one faculty member has said to me privately: “We did all that, and look how we turned out!” Sadly, they are not aware of the changes in drinking patterns among today’s college students, nor are they necessarily educated on the kinds of drugs readily available on or near campuses.

In this respect, perhaps the saddest story I have heard is from a vice president for student development who told me she was simply not able to enforce any kind of policy to reduce underage and excessive drinking. In her first months on the job, she attempted to discipline a student for such an offense, the young man or woman simply appealed to the president of the college, who invariably dismissed the charges. After several such reversals, the vice president approached her president to ask for an explanation. The answer was simple: “This is college. Students should be allowed to drink.” While the support of a president for AOD prevention and treatment efforts may not promise success, attitudes such as this can guarantee failure.

6. Those outside the world of higher education believe college administrators have much greater power over students than we actually possess, both legally and morally. We are no longer *in loco parentis*. We can’t call parents (except for violations of drinking by those under 21). Our strident admonishments frequently fall on deaf ears. But people in the community, including some in law enforcement, believe we can direct certain behaviors, and can bring swift justice to bear on those who violate not only our rules but the law as well—more than once a parent or neighbor has called to complain about a student’s behavior (in the case of the parent, the complaint is usually about a friend or roommate of the caller child). We need to explain to police, parents, and neighbors

whenever we get the opportunity exactly what we *can* and what we *cannot* do to or with our students.

Ironically, one of the most frequently misunderstood policies is “zero tolerance.” Law enforcement officials and community leaders are frequently champions of this approach: Punish every offender, we are told, and you will reduce instances of unacceptable behavior quickly. Not only do we know from experience that this method does not always work, but schools who publicly speak of having “zero tolerance” often find themselves having to explain to irate outsiders exactly what that means. My own experience with this occurred several years ago when the father of a freshman called me to complain bitterly that his son’s roommate had been caught with beer in the room (notice that the son occupied the same room) and had been found responsible for violating our “no alcohol on campus” rule. “You said in your speech to parents at Orientation that you have a ‘zero tolerance’ policy,” the father said. “Why is my son’s roommate still on campus?” Clearly his idea of “zero tolerance” and mine varied widely. He assumed that we would expel any student found responsible for possessing alcohol on campus. My policy had been to deal with every incident—not give anyone a “free pass” for a first offense—but I certainly never intended to convey to anyone that we would expel every student found with beer in his or her room. The lesson here is simple: Explain your policies to your collaborators so there will be no misunderstanding about how you will deal with those who violate your alcohol and other drug policies.

7. There is widespread belief both inside and outside of higher education that a magic, “one size fits all” solution exists, just waiting to be discovered. I think it was the satirist and social commentator H. L. Mencken who said: “For every problem there is a solution that is readily apparent, remarkably simple, financially feasible – and probably wrong.” What works at a small college may well fail miserably at a major university, and what succeeds at one institution may collapse in disarray at another, very similar one. Campus culture frequently governs the possibility of short-term success as much as the efficacy of any program. If we are to succeed in the long term, we must become expert in our own terrain, and seek assistance from those who want to help—but may not know how.

What can we do together to make the problem more manageable? Here are six suggestions:

1. Be open to understanding the different cultures in which we work, the paradigms that shape our respective world views, and the many pressures each of us faces from constituencies that determine not simply if we are doing a good enough job, but if we should be allowed to continue to do any job at all. We can’t make colleges like police academies, and we can’t expect an overtaxed police force to look the other way while students sow their wild oats amid the community’s garden plots.
2. Establish community coalitions committed to dialogue and long-term relationships. Include representatives from many constituencies – faculty, students, AOD professionals, police officers, community leaders, neighbors, business owners. Two caveats, however: First, these people must be willing to invest years – not two hours on one evening, or even two hours a month for six months – to bring about any real change in alcohol and

other drug use and abuse. Second, the Community Coalition will not be a “magic bullet.” In fact, forming a coalition may be one of the most frustrating experiences higher education professionals will have.

I speak from experience. When we first organized our Coalition at Alvernia College, we brought together representatives from the campus (faculty, staff, and students), tavern owners, city and borough police forces, and some parents and friends who simply wanted to help us with our problem. The first meeting nearly wrecked our Coalition before we officially announced its formation. Everyone knew what the problem was, and who to blame: each other. If you want to have an effective coalition, you need to understand what those outside of higher education—police, community leaders, even tavern owners—have at stake in this issue.

Let me warn you, too: the “worst offenders” among community tavern owners won’t come. They are making too much money off the sale of alcohol to minors. But some establishment owners will be there to help; don’t assume all of them are against you. And if they become your friends, they can be powerful allies in the community, where they can influence both law enforcement and political officials to help you deal with your problems.

3. Look for measurable ways to influence behavior. The police are good at measuring crime rates, but I’m not sure those of us in higher education have a good idea about appropriate measures that will tell us if we’re making a difference with our prevention programs. Too frequently we confuse activity with productivity; we think that if we’re busy we’re being successful. To be truly effective, college officials and law enforcement professionals must sit down together and find six to ten measures—reduced incidents of DUI arrests, reduced vandalism, reduced reports of date rape—then track this information, report on it regularly to college administrators and community leaders, and focus prevention efforts on activities that will provide measurable improvement.

4. Develop a *positive*, not simply a *negative* approach to dealing with the problems of illegal drug and alcohol use. Chief executives—whether college presidents or chiefs of police—cannot help unless they understand what can be done to address the problem. You can’t simply plead for additional resources without displaying a clear plan with measurable objectives.

5. Don’t expect instant solutions or success—and don’t think that the problem will go away eventually. You cannot wait for that next freshman class who will bring the “right” values to your college or university. Lore is passed down insidiously among the young, and this year’s freshmen are educating their high-school classmates about the great “freedoms” they have in college. Our efforts must be equally insistent, but we cannot set unrealistic targets, else we will despair when—inevitably—they are not met.

6. Finally, secure top-level commitment. Few campuses can make a dent in the problems of AOD abuse without support from the president and executive management team. Similarly, few towns, boroughs, cities or counties will make any headway in policing

their communities if the appointed chiefs and elected officials don't make AOD matters a priority. The article by Dr. Margaret Barr printed in this volume describes both "why" and "how" you can reach those "at the top."

Having outlined both the problems we all face in addressing alcohol and other drug use and abuse on campus, and suggesting some ways we should (and should not) approach these matters, let me end by providing a brief list of "goals" that should guide our collective efforts in this area. An effective AOD prevention and treatment program should produce the following:

- A demonstrated reduction in underage drinking – measurable, not anecdotal.
- A reduction in student unrest regarding the "police state" mentality on college campuses that won't allow 18-year-olds to drink as a rite of passage; we may not stop all drinking, but we can at least have people realize they are committing a socially and legally unacceptable act.
- A heightened sense of awareness and support from faculty and staff—both publicly and privately—for alcohol and other drug abatement efforts. The work of these people is more important than the pronouncements of senior administrators or specialists, and those who secretly side with students wishing to drink or use drugs undermine our work more than any *laissez faire* policy.
- An understanding from the law enforcement community that people running colleges really *do* care about the problem of underage and illegal drinking and drug use, and want to work as partners to erase this scourge on our communities.
- A sense of patience – and maybe even good humor – in recognizing that we are waging an uphill battle, but that it's a battle we must fight as allies, not enemies.

I believe that if we can meet these goals, we will be performing both our professional and our civic duty to our college and community. Of equal importance, we will earn the gratitude of parents who have entrusted themselves or their sons and daughters to our care, and of the communities in which we all live and work.

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Developing an Evidence-Based Prevention Program for College-Bound Students: Lessons Learned

Julie Rosenbluth, M.P.H., CHES

Introduction

Transitions is a unique prevention program intended to reduce the use of alcohol and other drugs during the final years of high school, and change attitudes about high-risk drinking, and help prepare students for the alcohol and other drug-related challenges they will face in college. This essay will review the history and evolution of a new program designed to address the needs of older adolescents as they transition to college, complete with a consideration of its challenges, frustrations, and successes.

The *Transitions* program is still a work in progress, five years in the making. The goal of this essay is to provide a realistic overview of the development of an innovative prevention program designed to address high-risk collegiate drinking *before* students matriculate in a particular institution of higher education. Consequently, this essay will provide a view of the program's development from *the trenches* rather than a quantitative assessment of its effectiveness as an intervention.

The Program

The American Council for Drug Education (ACDE)—the national prevention affiliate of Phoenix House and one of the nation's larger non-profit substance abuse treatment providers—was founded in 1977 in response to increasing rates of substance abuse in the United States. During the nearly 30 years since its inception, ACDE's mission has remained constant—to develop high quality programs and professional resources that encourage resilience, promote protective action, and help young people live healthy, drug-free lives. During this time, ACDE has witnessed numerous trends in drug use as well as efforts to prevent it. As a result, ACDE has maintained a *finger on the pulse* of prevention research and program development, continually providing credible and accurate resources designed to stem the tide of alcohol and other drug use. With the focus on high-risk collegiate drinking and the subsequent quest to identify new and effective prevention efforts in the mid 1990s, ACDE was well positioned to develop *Facts on Tap*, a series of text-based information pamphlets and resources specifically designed for and distributed in the collegiate community. While working with college health professionals through the *Facts on Tap* program, ACDE began to hear the concerns voiced by college and university professionals that the problems of high-risk collegiate drinking were, in large part, being inherited as students transitioned from high school to institutions of higher education.

Further research on the issue of high school drinking and its potential impact on entering collegians led ACDE to hypothesize that perhaps the best way to reduce rates of high-risk collegiate drinking might be to effectively address high-risk high school drinking,

especially for college-bound juniors and seniors. The fact that a significant number of teens begin drinking in high school—and may actually drink more when they matriculate in college and live on campus, away from parental supervision—prompted us to ask, “What if the effective prevention of high-risk collegiate drinking begins in high school?”

With that question in mind, ACDE began a thorough assessment of the process of transitioning from high school to college, which included a literature review and interviews with prevention specialists, high school educators and counselors, parents of high school and college students, college prevention staff, and developmental psychologists. A subsequent review of the literature framed an apparent gap in preventing high-risk student behavior. This gap was known anecdotally and supported by the literature on developmental and cognitive characteristics of older adolescents as they transition from high school to college. The following synopsis outlines our initial needs assessment and serves as the rationale for the development of the *Transitions* curriculum.

Characteristics of Older Adolescents

To assess the needs for the program, we looked at the cognitive and developmental characteristics of junior and senior students in the process of transitioning from high school. This enabled us to determine the traits that define this particular transitional period in the lives of college-bound students. The term *emerging adult* is often used to describe this population. Such students have more in common with young adults than they do with their freshmen and sophomore high school counterparts. Older adolescents are increasingly able to discern options when faced with dichotomous, black and white choices that have to be made; they can delay gratification, plan for the future, and think more abstractly than their younger high school peers. They are constantly defining and redefining their value system while at the same time trying to figure out who they are and where they fit in given their emerging role as young adults.

In addition to reviewing the developmental literature, we also reviewed the literature on transitional periods as well as conducted interviews with high school students. We discovered that this is a unique, exhilarating, but high-risk time in the lives of many of these interviewees—a developmental stage that needs special attention by parents, educators and student affairs professionals in higher education because students are especially vulnerable at this time. For many of the students interviewed, college represented:

- The first time they were likely to be sharing a room or intimate living space with someone from a different cultural, ethnic, or racial background;
- A time of striving for independence, intimacy, and identity. Many are managing their time, finances, and especially their health on their own for the first time;
- Significantly diminished parental supervision—many parents feel their “job is done” once their child turns 18;
- Increased independence and a sense of personal freedom. NOTE: This perception may increase the likelihood of some students *going overboard* at parties, that is, drinking excessively because they feel unrestricted by parental restraints;

- Leaving the comfort of old friends and familiar surroundings. This necessitates making new friendships in an environment that results in feeling like, “a small fish in a big pond.”

We discovered that today’s college students—those students referred to by some as the *millennial generation*—are expected to address multiple obligations simultaneously. Some characteristics that define today’s college students include:

- Added pressure from parents and educators to gain admission to prestigious institutions of higher education. The preparation for college starts as early as elementary school, with students being coached to gain admission to “the right college”;
- Multi-tasking with a resulting feeling of being overwhelmed and stressed. Studies done by N.Y.U.’s *Child Study Center* (see <http://www.aboutourkids.org/aboutour/articles/transitions.html>) indicate that these numbers have doubled since 1985;
- More entering college students are *first generation*, resulting in a lack of family role models to help these students adequately prepare for challenges of collegiate life.

Transitional Period and Relationship to Alcohol and Drugs

Factors, such as those mentioned above, place students at risk for making unhealthy decisions in the face of many life changes and new stresses. Today’s entering college students often lack the requisite coping and help-seeking skills necessary to address the many demands made of them. When we asked high school students what they expected college to be like, most talked about academic challenges, dorm life, new friends, and increased independence; inevitably the subject of partying and its requisite drinking also surfaced.

Older adolescents are among the heaviest users of alcohol and other drugs. They are starting to look and sound more like adults than children, and they are increasingly independent, with older friends who make acquiring alcohol, accessing cars, and spending unsupervised free time easier than when living at home when in high school. According to the most recent *Monitoring the Future Survey*—a survey conducted annually with adolescents and young adults for the past 30 years by the University of Michigan—alcohol continues to be the drug of choice for older adolescents. Although there has been some decline over the past few years, rates of binge⁷ or high-risk drinking have increased slightly among 12th graders. This high-risk drinking is higher education’s greatest concern because of its negative impact on student behaviors such as academic performance, violence, vandalism, sexual assault, and alcohol poisoning to mention some of the more notorious concerns. Also of concern is that many teens do not perceive high-risk drinking to carry much risk.

¹ The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines this to mean 5 or more drinks for males and 4 or more drinks for females in a two-hour period resulting in a blood alcohol concentration of 0.08 or higher.

Drinking generally increases as students leave high school and start college. Students who may not have chosen to drink during high school may start during their first year—especially the first six-weeks—of college, while those who were moderate in their high school drinking practices may become more intemperate in college.

Existence of Prevention Programs Targeting Older Adolescents

Our needs assessment revealed that older adolescents are receptive to prevention efforts, but that there were no existing programs designed specifically for the college-bound, older adolescent high school population. The majority of substance abuse prevention programs employed in secondary education targeted the middle-school population. The primary goal of these programs is to identify students before they start using and intervene in such a way as to dissuade their beginning. Unfortunately, this approach to prevention ends up excluding older high school students, students more likely to have already begun to experiment with alcohol if not use regularly.

The absence of evidence-based curricula designed to decrease student drinking seems to be a significant area of need for a high school population in general and a college-bound population specifically. More to the point, the dearth of programs that address underage drinking—particularly high-risk drinking by juniors and seniors in high school—with effective solutions that discuss the specific transitional issues of college-bound students appears to exacerbate the problem of dangerous drinking in college.

ACDE and the *Transitions* development team believed that a more universal program of prevention, that is a program designed to reach the entire student body with the message to avoid underage drinking, would not be effective for juniors and seniors. These upper level high school students have likely already made personal decisions about drinking and therefore should be targeted by with a specific intervention designed for this higher risk subset of the general high school population. Unlike their more junior counterparts, by the time they reach age 16 or 17, these teens are capable of more mature thinking. Older teens are able to tolerate greater subtleties of meaning. They possess a greater future orientation and are willing to consider how a particular behavior matches their own value system. This does not mean they are easy to reach, however. Despite their more mature thinking, these emerging adults are still impulsive, highly focused on immediate gratification, and subject to peer influences. By this time, many have had prior experiences with alcohol and other drugs with few negative consequences and are skeptical about the value of more traditional warnings.

The Focus Groups: Learning About Design and Implementation

The more informal needs assessment consisted of a series of focus groups and interviews with parents, students, educators, and experts in the prevention field that yielded significant information on which to base *Transitions*. These groups yielded extensive advice on what works and what does not for this target audience, as well as expected barriers to implementation of the proposed program.

These findings validated our hypothesis that there was a significant need for a prevention program like *Transitions*. Specifically, we found that teachers and counselors were anxious to receive prevention resources that would enable them to better prepare their

students for the alcohol and other drug challenges that students were likely to face in college. Many who participated in the focus groups were open to the possibility that new resources would enable them to more realistically and effectively address the existing problems presented by drinking and drug use among their students.

Whereas most felt that providing social as well as academic preparation for college was an important part of preparing their students for success, many were concerned about time—theirs and the students' whose school day was already heavily scheduled with academics and college preparation. This almost universal concern among teachers and counselors prompted the *Transitions* development team to ensure that the program was designed with enough flexibility to accommodate the needs of its varied users.

Suggestions to ensure this flexibility included creating stand-alone modules that teachers could implement given various time limitations, plans for a future online curriculum, and supplemental student education brochures that could be used even if time did not permit implementation of a curriculum.

Teachers and counselors prepared us for the resistance that school and district administration were likely to present when considering the eventual *Transitions* curriculum. We were warned to expect the following concerns:

- Scheduling concerns related to the time necessary to deliver a prevention curriculum that addressed social preparation for college-bound students was of particular concern.
- The belief that participating in any program designed to address high-risk student behavior would be tantamount to admitting a problem in the school and alarming parents.
- Funding issues related to purchasing prevention program resources.

All of these challenges would need to be addressed throughout the development, testing, and final launch phase of the program.

Once reassured about the abovementioned issues, both school professionals and various groups involved in the initial phase of the pilot testing were excited to learn about the potential for a new program to address the transitional needs of their community and interested in participating in the development of such a project. This excitement has expanded significantly as word of the program's ongoing development has spread via outreach efforts such as informal professional networking, discussions on professional list serves, and presentations at community coalition meetings and national conferences.

Feedback from parents was encouraging. It suggested an insightful review of the curriculum and justified the appropriateness of developing accompanying materials to guide parents through the transitional period of their children's progression toward higher education. Most felt their children could be better prepared for the social scene at contemporary college and university campuses. These parents felt that much of the material they were receiving from the schools their children attended (or prospective colleges recruiting them for application) focused mostly on the academic and financial aspects of higher education. Many parents indicated that they felt ill equipped to help their child with this transition, or to mention unsure of how to deal with their own

concerns about talking to their teens about alcohol and other drugs, setting expectations regarding student behavior at college, or how to stay in touch with their children without seeming overbearing. And if some parents voiced concerns about remaining in touch without seeming overbearing, others seemed oblivious to the importance of remaining involved with their children once they leave for college.

Because the real litmus test regarding the utility of the *Transitions* program lies in its credibility with the students it targets, we invited high school juniors and seniors to participate in focus groups, interviews, and electronic communications to share their thoughts about prevention in general and alcohol and other drug issues specifically. Students were asked about their perceptions of the drinking scene in college, their thoughts on prevention programs to which they had been exposed, e.g., D.A.R.E. (Drug Abuse Resistance Education), health classes, and drivers' education, and suggestions for prevention activities they thought would be useful and well-received by students. Feedback overwhelmingly supported our hypothesis that the "Just Say No" approach was not going to work with this age group. Many said they would prefer activities that did not treat them "like babies" or simply present them with, "facts on drinking and drug use." Some indicated a preference for programs that would provide them with concrete skills to reduce negative consequences.

Based on the focus groups—with adults and with students—and literature review, we believed that an opportunity existed to develop a program that would:

1. Meet the developmental needs of *older* adolescents;
2. Be viable in the eyes of educators;
3. Be fundable;
4. Stand out in an already saturated field of college prevention programs.

Armed with these data that resulted from our needs assessment, the next task was to secure funding for such an approach to prevention.

We in ACDE knew that to be successful, *Transitions* would need to be grounded in evidenced-based approaches to prevention and have a strong research component that included rigorous evaluation in order to demonstrate effectiveness in reducing use of alcohol and negative consequences associated with high-risk drinking. However, we had little experience in research design and evaluation. In the fall of 2001, ACDE approached Tanglewood Research to assist with this project and provide the research and development skills to compliment our curriculum development experience. Not only did Tanglewood provide the expertise and requisite credentials necessary to address the issue of credibility, but they had a proven record of securing government grants.

Together with Tanglewood, ACDE applied for and received a Phase I Small Business Technology Transfer grant from the National Institute of Alcohol Abuse and Alcoholism (NIAAA). This grant allowed us to develop the initial program components and pilot test them for feasibility and acceptability by the target audience. Additional funding was pursued and received from various private foundations.

Nearly a year after we submitted our initial application to NIAAA, we were awarded \$100,000 to develop and pilot test *Transitions*. In addition, ACDE also raised \$65,000 in private foundation money to support the initial stage of program development.

Phase I of *Transitions* was understood to be a first step in a two-step process to create an innovative prevention program that targets college-bound juniors and seniors in high school. The first phase was designed to pilot test the initial curriculum and its delivery in order to *work out the logistical kinks* and assess student acceptance of the program. Phase II would include a much more extensive pilot testing of the program and ultimately put it through a more rigorous evaluation in hopes of securing status as a Substance Abuse and Mental Health Service Administration (SAMSHA) and Center for Substance Abuse Prevention's (CSAP) model program.

Components of *Transitions*

Several variables documented in the literature as affecting student drinking behaviors were identified. These included:

1. A student's perceptions regarding the normative behavior in a peer group, what is referred to in the literature as *social norms*;
2. Personal beliefs regarding likelihood of experiencing consequences associated with high-risk behavior;
3. Resistance skills, which were subsequently referred to as "Opting Out" skills;
4. Decision-making skills;
5. Personal knowledge about alcohol and its psychological and physical effects.

Addressing these "mediating variables" is a consistent objective of the *Transitions* curriculum. They are incorporated into the individual modules of the program to acknowledge and build upon the developmental maturity of juniors and seniors in high school. The curriculum is designed to be delivered in a high school setting and is supplemented by additional materials designed specifically for parents and the professional educators who work with the students involved in the program.

Capitalizing on these mediating variables represent the foundation on which the *Transitions* program is constructed. A variety of strategies and materials are incorporated into the program's design in order to facilitate realizing this objective. In its final form, the *Transitions* resources for students will include:

- A Student Curriculum: six specific sessions for high school professionals to conduct with junior and senior high school students;
- Mini Magazines: a set of print "mini-magazines" designed to appeal to students in the target demographic. Each mini-magazine deals with alcohol and other drugs as they relate to transitional issues likely to be confronted by college-bound students;
- Parent Guide: a guide for parents with a focus on strategies parents can use to prepare their children for the social challenges of college life. This guide will

- include information specifically designed for parents on alcohol and other substance abuse as they relate to college-bound teens;
- Website: a website for educators, parents, and students, providing alcohol prevention information that addresses positive ways to navigate the final years of high school and the first year of college;
- Listserv: an e-mail news forum for school counselors, administrators, educators, parents, and others interested in the transitional issues faced by college-bound juniors and seniors.

Pilot Test Phase I

Phase I program materials were in development for the better part of one year. Essential materials, including the teaching manual, were completed and ready for use in high schools participating in pilot testing in the fall of 2004. In September 2004, the *Transitions* program was launched in seven high schools located in New York City, Westchester County, N.Y., and Massachusetts. These seven schools represented both private and public, and urban and suburban schools.

These seven high schools were recruited to participate in the pilot test from schools in the Northeast, which is in relatively close proximity to ACDE's headquarters in New York City that had previously expressed an interest in the program when initial informal interviews were conducted with high schools regarding the program. ACDE was pleasantly surprised to encounter an overwhelmingly positive response from schools eager to participate in the pilot study of *Transitions*. Schools were asked to provide one control class and one treatment class, including staff to implement the program and administer pre and post-tests for evaluative purposes. Each school understood that in return, it would receive free program materials, technical assistance, and the chance to participate in the development of a new and innovative prevention program.

At the start of the school year, all teachers participating in the pilot program, both control group classes and test group classes, were required to attend one-day training on the program and its administration. This training provided teachers with the opportunity to learn about the program's underlying philosophy, as well as the practical side of implementing the curriculum in the classroom and expectations for collecting data.

Participating schools were asked to implement the four classroom workshops in a three-week window any time between September and December of 2004. ACDE worked with each school to determine an individualized schedule for implementation, knowing that each school would have to find the best spot for each session and identify what staff would be best to teach the class. Some sessions were held in lieu of science class for six weeks, whereas other schools had the luxury of having an already existing "Life Skills" or other health education class in which the *Transitions* sessions could be infused.

Schools were provided with a detailed curriculum and general guideline regarding administration, but schools were on their own to implement the four sessions. The only caveat was that the curriculum had to be completed by the December 2004 winter break,

so that Tanglewood would have enough time to analyze the data before the application for the Phase II grant was due to NIAAA in spring of 2005.

Throughout the pilot testing ACDE randomly visited classes at two or three of the participating schools to observe the presentation of the curriculum to students. In addition, all pre- and post-testing of students at participating schools was administered by ACDE staff. Having ACDE staff administer these instruments as opposed to teachers with whom the students in the study were familiar enhanced the anonymity of the students completing the pre/post test. On occasion ACDE staff also taught sessions in order to get a more in-depth and first person sense of how the sessions were received by the students.

When the *Transitions* curriculum was completed, ACDE made final visits to participating schools in order to separately debrief the teachers who participated in the delivery of the program as well as the students who participated in it. These debriefings consisted of inviting faculty and students to separate sessions so that they could share their thoughts on the program and its curriculum. This provided ACDE staff with a qualitative component to its evaluation of the program and its effectiveness. In addition, following the post-tests students were asked to fill out a qualitative survey providing feedback about the program and their experience of participating in the study. Between the post program debriefings and the post-test survey, ACDE was able to develop a sense for the success of the Phase I pilot test.

Overall, the pilot tests went well. The qualitative feedback received from both teachers and students indicated that the program was well received. Teachers reported that they believed the program provided them with a new set of materials that were more in line with the developmental needs of older adolescents, thereby providing them with an opportunity to provide prevention geared toward handling real-life college challenges. Students agreed with the philosophy underlying the program and reported that they enjoyed the opportunity to discuss the issues addressed by *Transitions* openly.

Following were the basic suggestions and findings as well as plans for revisions. The biggest barrier to implementing *Transitions* in an individual school was the time it took to administer the individual modules and the logistical problems related to scheduling this instruction. Each session tended to take longer to administer than had originally be estimated. It was difficult to complete each module in a standard 35- to 45-minute high school period. This was primarily the result of each module containing too many activities. Faculty administering these modules tended to stick to the curriculum and push for the completion of all tasks in each module. Consequently, there was not enough time to allow for open discussion of the issues or to process the activities. Recognizing the result of an overly ambitious curriculum coupled with the proclivity of faculty to complete individual modules rather than to facilitate processing parts of the module with students was an important result on Phase I pilot testing. Peer interactions and open discussions of the information presented in the *Transitions* modules are important for this age group. They allow students to assume ownership for what they are learning, brainstorm off their peers, and develop their own solutions for problems.

As expected, most schools found it extremely difficult to implement all sessions, and if all sessions were implemented, many found it difficult to do so back to back. They indicated that it would be more convenient if they could pick sessions to be presented at their leisure. Because the schools in Phase I pilot testing were part of a study of the program's effectiveness, it was important to remain consistent in the administration of the program. In the real world, however, it is understood that the program must be flexible enough to be adapted to teachers and schools needs.

Although research indicated that long term behavior change can only be documented with long term sustained prevention, this is simply not feasible in the context of today's high schools, especially those with a high percentage of students going to college where academic preparation holds primacy over health education. This is an issue to be addressed in future versions of the program by scheduling the delivery of program modules at times other than during academic classes: for example, presenting the program during after school workshops on college preparation, marketing the program through independent educational consultants, or offering the program as part of a senior elective seminar. Looking further, beyond the traditional classroom in order to address the issue of limited time, providing wrap around or supplemental resources accessible at any time by students and parents may be useful. In addition, the mini magazines, web site, and parent's guide, may be used as homework assignments, thereby possibly alleviating the difficulty in finding time to conduct portions of the program during school hours. It is also possible that community members or local prevention/underage drinking coalitions can be trained to provide the program to college-bound students via their networks.

Another issue that surfaced during Phase I pilot testing was that teachers reported the goals of the program didn't always mesh with the goals of individual sessions and their activities. For example, students reported that some of the activities and information in the mini magazines were strongly emphasizing an abstinence only agenda. This was not the program's intended message. *Transitions* was designed to be non-judgmental and avoid a debate as to whether drinking or drug use is *bad*, but rather provide students with an understanding of the consequences of personal choices and the skills necessary to draw their own conclusions and make healthy decisions. While some students exposed to the program will abstain, others will have already started experimenting and therefore could benefit from the program information about things such as alcohol poisoning and facts on the consequences of dangerous drinking. This in turn may lead those who have started using to rethink their choices in the future.

It is important to ensure that the way the resistance skills activities are framed meet the maturity level of these older teens. Others really appreciated the chance to practice "opting out." Other possibilities to add to the sessions would be a discussion of values and what to do when these do not mesh with the options available when faced with making a choice. This will give students more control over the sessions and increase the likelihood that they will not feel as *persuaded to resist*, but rather see more of an opportunity to understand themselves better and make decisions that will reduce personal risk in the future.

As was expected—and was the purpose for this initial piloting of the program—some activities were discovered to not work as planned. These difficulties will need to be addressed in subsequent iterations of the program. Either because teachers presenting individual modules had a difficult time implementing activities designed for specific modules or because these activities did not work as planned, some session objectives could not be met. The pilot test groups had between 20-30 students each. This size group proved to be too large to facilitate the intimate discussions intended to accompany the individual activities planned for each module.

In general students reported that they enjoyed learning about the fact that individuals tend to overestimate high-risk behaviors in a peer group and under estimate the prevalence of self-protective factors used by their peer, i.e., the concept of social norms. One session in particular focused on this idea and was met with overall approval. Students were able to compare themselves to their peers and the national norm and enjoyed this activity. However, they appeared to have difficulty grasping an accurate understanding of the behavior of their immediate peers, that is, students in their grade, because they believed that other students tended to underestimate their use. This difficulty will be addressed in future revisions by allowing for a more detailed discussion on the results of actual demonstrations of social norms conducted during the module. In addition, how the concept of *peer pressure* is discussed with contemporary high school students would appear to be very important. It seems that resistance skills only work for those who are willing to admit to experiencing peer pressure and, depending on an individual student's understanding of what that phrase means, this may not happen at all. Many students are extremely resistant to the term and believe they are immune to it; therefore it may be important to find another way to approach this concept. This seemed to work when students were asked to think about situations in which they might not be comfortable saying no, for example a college setting where they knew few of the people with whom they were socializing or the person making the request was someone they looked up to and did not want to disappoint. This feedback was valuable as it suggested that different ways to discuss *peer pressure* would need to be identified. Despite the fact that students indicated they are immune to peer pressure, it is likely that they will nonetheless benefit from resistance skills. The program will be adjusted to enable students, who might be afraid or embarrassed to admit a difficulty in acting independently in front of peers, to openly discuss resisting high-risk behaviors, particularly in a social context. One such way to do this will be to discuss the issue as *social influence* rather than *peer pressure*.

Some students suggested that the language used in supplemental student materials, some program activities, and case studies was not relevant to them. Feeling like the program was manipulating them was another concern voiced by some students. They said they felt the program was trying to "win them over by talking like them," and that they would rather we not use "teen speak," for example, use of the word "hottie" for a guy you like or referring to marijuana as "pot" or "weed," which are apparently not universally used slang terms, etc. They reported that they would prefer if the program just give them the facts in "proper language."

Teachers reported that they found it difficult to get juniors thinking about college. Future iterations of the curriculum will likely need to be tailored to meet the environment of both juniors and seniors and might also include a booster session for seniors who received *Transitions* during their junior year. Both students and teachers reported enjoying the discussions about decision-making and values, but felt the current version only “skimmed the surface.” The revised version will include a new interactive activity on decision making that will increase the likelihood that students will better understand the risks students tend to take as well as why and how some of these risks are taken and other avoided.

The success of each module also seemed dependant to some extent on the personality and style of delivery employed by the instructor. Those sessions where the students reported a familiarity with and closeness to the presenter appeared to result in greater student receptivity to the program. To a certain extent, this subjective aspect of the program’s success is beyond the control of the program, but efforts to revise the program to correct for variable like an instructor personal style of teaching are being considered. For example, the possibility of redesigning the guidelines for teachers may enable greater facilitator success in leading discussions or proffer ideas on how to *act on* instead of *react to* difficult situations with students when they arise, etc. As issues related to teaching style appear to be a significant factor in the success of the program, editing the guidelines for instructors will be a priority. To this end, a “key points to hit” section will be added to the guidelines for each session so that teachers can be sure to cover the most important points of each session in the limited time available. The absence of this information appeared to be an issue for some instructors who tried to rush through all activities, resulting in the need to reduce or eliminate the time to process key aspects of individual modules. These guidelines will differentiate between “key” points that should be covered and “other” points that can be addressed if time permits.

While it was initially thought that *Transitions* could be used by anyone, it is now clear that implementation is more feasible when conducted by educators with a health education or student assistance background. This might also include training college peer educators to implement *Transitions*, although this is an option that will require additional thought and consideration. Peer educators are trained in some of the principals of group facilitation and experiential learning and can also provide a different perspective from which to present individual modules of the program. College peer educators may also be able to facilitate discussions on key topics in the program given their age and the likelihood that high school students may be able to more easily related to the collegiate facilitator.

The pre- and post-tests yield some significant findings in terms of knowledge gains. Statistically, significant findings regarding changes in the treatment group were found. Students’ beliefs, for example, about the consequences of alcohol use, realizing a better understanding and somewhat changed perception of social norms, and somewhat reduced tendency to engage in high-risk drinking in the future were noted. Not surprisingly, there were no effects for monthly or lifetime alcohol use, which was expected. Because the program was implemented in a short time period and the participants were not followed

over an extended period, we did not expect to see any concrete behavior change. However, both short and long term behavior change will be evaluated in the later phases of the program's development and implementation.

Improvements to the Phase I Curriculum

Program development is now in its final stages of modifications, with Phase II of the curriculum and ancillary materials having been greatly informed by the results from Phase I pilot testing. To assure that convenient and effective administration in a typical classroom, the revised curriculum will be retested during the fall of 2005 in two local coalitions, one in Colorado and one in Pennsylvania.

A primary objective in making *Transitions* available to high schools once its final version has been released will be to identify and bring together a group of professionals from a variety of fields likely to have a stake in addressing high-risk drinking, e.g., alcohol and other drug prevention specialists, secondary educators, and student affairs professionals from higher education. In addition, community organizations concerned with underage drinking and drinking and driving will be consulted regarding the implementation of *Transitions*, as these groups will likely be interested in the ancillary effects of a program addressing alcohol use by high school students. At the end of this process, *Transitions* will be ready for widespread distribution.

The assistance of professionals from across the country has been sought to help review the existing curriculum and make appropriate changes based on the findings of the already completed Phase I of the program and proposed Phase II to be conducted the fall of 2005. A review panel has been formed consisting of curriculum development experts at the high school and college level, national prevention specialists and community coalition leaders.

Challenges

The most significant challenges to date in developing *Transitions* have been funding and meeting the needs of a new generation of prevention consumer, the millennial student or those students entering college after 2000. We found ourselves proposing programming for a new generation of older adolescents whose methods of learning, preferred media outlets, and social trends were different from their predecessors. Meeting their needs was going to involve identifying a creative approach to prevention, one that in many ways would represent a new paradigm of health promotion, as opposed to the historic conservatism of preaching abstinence and a *just-say-no* view of alcohol and other drug use prevention.

Funding is still a major issue as many with dollars to spare don't see college-bound students as a high-risk population and would rather focus donations on underprivileged populations of youth. It will be our continuous challenge to create an awareness of the substance abuse issues that continue to challenge college-bound and matriculated college students.

In Closing

We can look back upon the last five years and see how far we have come. We look forward to the next phase of the program's development, which will include new versions of the curriculum, further pilot testing, and new materials. Progress to this point would have been impossible had it not been for the collaborations and partnerships we forged along the way.

In designing prevention programming for young people, preparing the materials to be used is but the first step in an involved process. A comprehensive program also requires an effective strategy for working with schools and related agencies to encourage implementation and sustainability. Naturally, this kind of work goes far beyond the "direct marketing" that often is associated with program dissemination. It takes trusted relationships, ongoing work with local organizations (that are already recognized key stakeholders in a community) and regular communication to ensure that as obstacles are identified, they are effectively addressed.

Networking has resulted in significant time having been invested in cultivating relationships with national organizations and local coalitions, but this has been time well spent. These are valuable partners in developing an awareness of the importance of assertively addressing high-risk drinking with college-bound high school students. Together with their national and local constituents, such networks will provide expert advice on the best way to reach this student population. While the program is still a work in progress, the path to its completion is clear. There have already been many challenges, but with an equal number of successes, the majority of which can be traced back to the people and organizations that have been included in the process:

- Tanglewood Research to ensure that the program was on sound footing scientifically;
- Partnerships with media specialists and marketing experts familiar with reaching the young-adult population,
- A cadre of national experts recruited to serve as an advisory board, reviewing materials and providing guidance and input throughout development of *Transitions* and providing outreach to other key government, community, and professional organizations that helped us to spread the word about *Transitions*. In addition, this advisory board provided insight into the program's development and acted as a key dissemination vehicle for initial marketing efforts.

From the very beginning we at ACDE spoke to anyone and everyone who would listen about *Transitions*, garnering support and building trust in the community in order to ensure that this new program would be a success. Some of our national partners include:

- The American School Counselors Association
- College Parents Association
- The National Association of College Admissions Counselors
- The National Student Assistance Association,
- The National Highway Transportation and Safety Administration

These organization have continued to support ACDE's efforts with feedback on the development of the program that has been crucial to its sustainability, helping to connect us to potential funders, to members who were interested in helping to pilot test the various iterations of the curriculum, and perhaps most importantly, maintaining our focus and enthusiasm for this project.

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Partners in Prevention: Faculty/Staff Training Program

James Brenner, Ph.D., CHES, Lynne Hamelton, M. ED. & Jacqueline Hodes, M. Ed.

The President's Alliance on Alcohol, Drug and Violence Prevention was established at West Chester University (WCU) of Pennsylvania in the fall of 1998. There were a few alcohol-related student deaths at other area colleges and universities. In an effort to be proactive, administrators at West Chester University formed the President's Alliance on Alcohol, Drug and Violence Prevention (PAADAVP) with the mission to prevent student deaths as a result of alcohol and/or other drug use or violence at WCU.

From 2000 to 2003, the President's Alliance was given funding from the Pennsylvania Liquor Control Board (PLCB) to create a campus/community coalition and to implement various prevention and intervention strategies. Some examples included substance-free student programming; a 21 year old birthday card program, where WCU students who are turning 21 get a birthday card and are encouraged to not drink 21 shots of alcohol on their birthday; and efforts to integrate alcohol education into classrooms of various academic disciplines. Campus and community representatives were invited by Dr. Madeleine Wing Adler, President of West Chester University, to participate in the President's Alliance. Those invited represented the faculty, staff and student populations as well as on-campus and off-campus police officers, civic leaders and business owners.

In order to do the most effective work possible, subgroups of members were formed that included Alliance members and other interested campus and local community representatives. Work began in five subgroups: Education and Prevention; Curriculum Integration; Intervention; Research; and Enforcement and Consequences. Subgroups met throughout the academic year and created strategies for environmental change, programs and services to meet the needs of the community, and new judicial sanctions that might help to prevent repeat offenders. The President's Alliance met quarterly to discuss the work of each subgroup and offer suggestions for continued intervention.

In 2003, the three-year Pennsylvania Liquor Control Board (PLCB) grant came to a conclusion. Although a number new programs and services had been implemented, it became clear that the Alliance would need to reinvent itself if it was to continue, becoming more of an advocacy committee and less of a programming body. The Alliance's new mission became:

...to advance strategies intended to improve student health behaviors specifically related to drug/alcohol use/abuse and violence. The Alliance has broad based campus and community representation, and provides a forum for discussion of these important issues. Its focus is on advocating for positive student behavior change rather than actual programming. The Alliance values the fostering of communication, education activities, awareness building, harm reduction, promotion of healthy environmental change, and other prevention strategies as mechanisms to improve student behavior regarding the use/abuse of drugs/alcohol and violence. (WCU PAADAVP Mission Statement, 2003)

Subgroups still function in an advisory capacity. As the President's Alliance began to implement this new format, it became clear that there was a need for help in reaching out to students struggling with their or another's alcohol/drug misuse, abuse or addiction.

The Development and Need for Partners in Prevention

In one of the author's first semesters teaching a Drugs and Society course at West Chester University, a conversation was held with a student who was doing poorly in the class. The student had missed a few assignments, turned others in late, had multiple absences; all this was negatively affecting his grade. During the talk, the student shared that he might be having a problem with alcohol. He agreed to speak to someone who might be able to help him, so the student was given the number to the WCU Counseling Center, and was even encouraged to call from the professor's office right then. While he was on the phone trying to get an appointment, the person on the other end told him he would be put on a waiting list, and they would call him when they had an opening; which would probably be at least two weeks. This was very upsetting because here was a person who was coming to accept his problem and at least entertain the notion of help and now they were on a waiting list. It is known that the longer individuals with alcohol & other drug concerns have to wait to receive assessment services the greater the likelihood the individual will return to an earlier, less receptive stage of willingness to seek help. It was this event the author experienced with this particular student that sparked the creation of the Partners in Prevention (PIP) program.

As the result of this experience the author and a colleague in Student Affairs spoke. This discussion focused on the perception of the high rate of student drinking and that the author's experience may not have been an isolated incident. Further discussion focused on the problem of apparent waiting lists to receive counseling services and help to support faculty and staff who encountered these types of scenarios. The perception that students can easily 'get lost' on a college campus was validated and the likelihood that faculty and staff may be among the most significant contacts in the lives of students while they are living at college was discussed. From this perceived need, the PIP program, which was proposed to specifically help participants identify, respond to, and offer assistance to students struggling with alcohol and other drug problems, was created. In order to provide resources and support for PIP, the decision was made for the program to be sponsored by the President's Alliance on Alcohol and Drug Abuse, and Violence Prevention.

Making a stronger case for the existence of this program were prevalence data collected at WCU. The President's Alliance contracted with the CORE Institute to secure data regarding the prevalence of alcohol use at institutions of higher education similar in nature to WCU. These data revealed that WCU had consistently higher alcohol use than both the national data and even most institutions within the Pennsylvania State System of Higher Education. The CORE survey has been subsequently administered at WCU, revealing similar findings.

At about this same time, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) published its report, *A Call to Action: Changing the Culture of Drinking at*

U.S. Colleges. On the NIAAA web site, <http://www.collegedrinkingprevention.gov/> there is a photo of a bulletin board with pictures tacked to it and eight post-it notes. On the post-it notes are 'parents,' 'college presidents,' 'community leaders,' 'media,' 'high school guidance counselors,' 'campus health administrators,' 'RAs/peer educators,' and finally 'students.' It would suggest that these groups are the ones most involved in alcohol abuse prevention and that faculty/staff have minimal impact or roles. Conspicuously absent is a reference to "faculty."

When considering a typical college campus, it seems very possible that faculty and some staff may have the most actual contact with students. This professional to student interaction, whether in the form of work-study, classroom instruction, advising, or residence life, affords many opportunities to interact with students and witness firsthand the decisions they make as well as the outcome of those choices. Too often, staff and faculty dismiss events that suggest a student may be struggling with an alcohol problem as part of college life. PIP views these events as opportunities to have a conversation about a student's ability to make good decisions. For example, a professor may read a student's written work, hear a comment in class, notice the frequency of class absences, and otherwise witness factors that can influence a student's academic performance. Any or all of these student-faculty interactions can result from a student's personal choices regarding alcohol. Such contact between faculty/staff and students can have a significant impact on college students' decisions related to alcohol. It is this premise on which the PIP program at WCU was developed and why the program is an important piece of an overall AOD prevention program.

WCU and the President's Alliance recognize that there is no 'magic bullet' in the prevention of high-risk collegiate drinking. Therefore, PIP was never intended to be the answer to the problem. Rather, PIP was designed to be a 'piece in the puzzle' that once assembled could help change the campus environment or the culture of collegiate drinking. The program, along with other prevention efforts like those addressed in other essays in this monograph, was designed to reduce alcohol abuse on campus and dependence in individual students. Such programs can be an effective means to ultimately reduce alcohol use and the potentially negative consequences associated with it.

Training for Partners in Prevention

The Employee Assistance Program (EAP) model is a well-known and documented approach to addressing performance-related employee problems in business and industry. Such programs have been an effective means for identifying and approaching troubled employees experiencing a variety of life issues and referring them to an appropriate source of help. The Pennsylvania Department of Education has implemented a similar program in all of its secondary schools that is designed to identify students experiencing personal problems that impede their academic and interpersonal performance and facilitate a proactive intervention. Student Assistance Programs (SAP) target students who may be at academic risk due to emotional or drug issues. As in the EAP model, there may be need for an intervention and, if appropriate, a referral for help. It was the conclusion of the President's Alliance that these proven strategies of employee and

student intervention could also serve the collegiate student experiencing similar performance-related problems. The basic format would be the same, but with variations needed to better serve students in a collegiate setting. Of particular emphasis was the need for confidentiality. Unlike SAP and some EAP models, no one in an administrative capacity would be told of a student who had been targeted by a faculty member. The purpose of such a program would be to provide faculty with the skills necessary to affect a meaningful intervention with a student identified by the faculty member. It was believed that an informal intervention and, if accepted, referral to an available helping resource would be the sole mission of the concerned faculty member. In short, PIP was as much a program to provide assistance to the staff and faculty who encounter students experiencing difficulties associated with their drinking as it was to assist those students themselves.

The first task was to decide on a name for the program. The Bacchus and Gamma Peer Education Network publishes a pamphlet called *Partners for Prevention*, which encourages university faculty to become allies and advocates for their students who may be at risk for drug and alcohol abuse. Therefore, it was decided that Partners in Prevention (PIP) would be the name of the West Chester University program.

A small subcommittee of President's Alliance members began work on a booklet for use in training faculty who would become involved in the program. This booklet included:

1. A description of the PIP program that included its mission statement along with an insert regarding the program to be included in faculty syllabi;
2. Statistics about the use and abuse of drugs, including alcohol, on campus—both nationwide and at West Chester University;
3. An overview of both general and more specific academic indications of alcohol and other drug use to guide staff and faculty in their interactions with students. Although eight different categories of drugs are represented in this material, the primacy of alcohol as the most frequently abused drug on campus is evident;
4. Information regarding addiction and recovery;
5. A suggested five-step model for faculty/staff intervention;
6. A list of campus and community-based resources was made available to staff and faculty in order to assist students in finding immediate resources to address AOD-related issues. NOTE: West Chester is fortunate to have a number of community resources within walking distance of campus.

Also included were a number of applicable web resources thought to be useful for those faculty/staff and students who wished to learn more about alcohol, other drugs, and how to assist those dealing with an AOD problem. Also, an overview of the *President's Alliance* was attached to each booklet in order to document the program's administrative support for the program and its work.

Given the type of information provided by the booklet, it is in a constant state of revision. As soon as one edition is released to faculty being trained in the Partners in Prevention (PIP) program, the next iteration is already being prepared.

The format for training has been an evolving aspect of the program and remains a dynamic progress. Currently, staff/faculty training lasts approximately two hours with the basic components consisting of:

1. An introduction of participants and trainers.
2. A brief discussion of why each person has decided to attend.
3. An informal group discussion of the parts of the booklet.
4. A sample role-play by the trainers of an intervention (“care-frontation”) conducted by a faculty member with a student.
5. Trainees practice an intervention.
6. Discussion of the best way to use on- and off-campus resources.

An underlying assumption of this faculty training program is that every student intervention or *care-frontation* is successful even if it doesn’t go well or results in the student admitting they need help and actively seeking it out. Students struggling with alcohol problems may need many interactions conducted by *concerned persons* before they can recognize that a problem exists. This program encourages faculty/staff to conduct that care-frontation arguing that it is better to intervene than doing nothing. The worst immediate outcome of a well-conducted intervention is essentially the same thing that will happen if no intervention is conducted, namely that the student does not seek help.

Stickers touting the program, syllabus inserts, and school newspaper advertising are all employed to help make students aware of these ‘caring persons’ on campus. PIP participants are encouraged to let their students know they are available to talk about these issues, but they are also trained about the signs and symptoms of someone struggling with an AOD problem so they may feel empowered to initiate a conversation with a student who has a problem.

At the end of the faculty/staff PIP training session, participants are given a sticker indicating participation in the program to place on their office door or in some other conspicuous place so students can easily notice it. Informal feedback from faculty and staff members has been overwhelmingly positive about the training, especially the role-play. Many have expressed great concern, initially, about this aspect of the process. “How do I begin?” and “What if the student ‘blows me off?’” are two of the most commonly asked questions. The role-play gives them more confidence in their ability to handle such an exchange.

Resources that are discussed in the training program include the campus Counseling Center, Health Center, and the Wellness Center. The Wellness Center has two graduate counseling students that spend a portion of their time doing intake interviews for students who believe that they do have an alcohol or drug issue. These graduate students also work in the Counseling Center on campus. As the result of training, these graduate interns are able to facilitate the movement of targeted students to the front of a typically long waiting list. WCU also employs an online alcohol screening and education program called E-Chug. This program allows students to do an online self-assessment of risk related to their alcohol use in about 7 minutes and provides a non-invasive feedback

report that permits students to better understand their drinking behavior and where it stands in relation to their peers on the same campus. These brief, online alcohol assessments have been found to be effective with some college students (see http://www.outsidetheclassroom.com/newsevents/press/pr_wallstudy.asp). Off-campus resources include local Alcoholics Anonymous and Narcotics Anonymous meetings that are within an easy walk or short drive.

A number of strategies have been used to involve faculty and staff in the PIP training. Those initially trained were members of the President's Alliance. An all-faculty e-mail was then sent to entice other faculty and staff interest in the training. The University has an in-service program called "Investing in Employee Excellence," which provides seminars on a variety of topics that may interest faculty and staff. An application was submitted to the Office of Organizational Development, which accepted PIP for inclusion in its offerings. As a result, staff members began to join faculty in the trainings. To date, about 75 faculty and staff have been trained. There have also been a few advertisements in the student newspaper recognizing faculty and staff who are Partners in Prevention in an effort to raise awareness and visibility. There continues to be an effort to promote participation in the PIP program via word of mouth, email notices and the Investing in Employee Excellence program. The President's Alliance is very supportive of these efforts and continues to look for new ways to increase participation.

A recent expansion of the PIP program has been to encourage Education majors to participate in the PIP training prior to student teaching. The members of three Health Curriculum and Instruction courses were invited to participate in a PIP training targeted to college students who want to work in elementary, middle and secondary schools. This training is to prepare them to look for students struggling with alcohol and other drug (AOD) issues and to get involved in their school district's Student Assistance Program. The result was thirty-six new Partners in Prevention. Again, the overwhelming response was positive, as this model is so similar to the SAP used in the Pennsylvania Public Schools.

PIP Assessment and Lessons Learned

There appears to be a dearth of scientific literature describing and assessing a faculty/staff training program like this one at the college level. However, there is evidence of SAP effectiveness at the secondary school level (Fertman, Tarasevich, & Hepler, 2003). There are also a few student assistance programs that have been recognized as Model Programs by the Substance Abuse and Mental Health Services Administration (SAMHSA) (see http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model_list). While the PIP program is based on a SAP model, there are many differences due to the age of college students, the size of colleges and universities, operations, and faculty/staff.

After the PIP program was in existence for two years, the decision was made to assess the program and its effectiveness. Several meetings of the President's Alliance were held where the focus was exclusively on assessing the PIP program. A trained PIP faculty member, experienced in program evaluation, was enlisted to coordinate the effort to

assess the program's effectiveness. Three short surveys were developed in order to accurately assess the PIP program. The first survey was designed to assess the effectiveness of the PIP training program, while the second and third surveys were designed to assess program outcomes.

The first survey was sent out to training participants two weeks after their training was completed and was designed to measure the perceptions of participants regarding their experience in the PIP training program. For example, as a result of the training, how did the participants rate their confidence in being able to identify a student who may be struggling with an alcohol problem?

The second survey was sent to the PIP faculty and staff who completed the training earlier in the semester. This survey was designed to measure actual faculty and staff behaviors related to the PIP training. For example, participants were asked if they had placed a PIP sticker on their office door or in some other visible place. Data from these two assessment tools have been collected and in addition to them, the last survey will be designed in order to objectively measure whether or not faculty/staff have had any interactions/interventions with students as a result of PIP training. This survey will be administered one semester after PIP training is completed, and it is anticipated that faculty and staff who complete the program will find it useful. Additionally, it is expected that those who have been trained and mount interventions with students will report behavior changes by students who had been struggling with alcohol-related issues. To date, data from the first two surveys have yet to be analyzed, but anecdotal reports from PIP trained faculty and staff suggests that program objectives have been met. The surveys will continue to be administered as new PIP trainings are completed.

Conducting the Partners in Prevention program has presented the opportunity to learn several important lessons. Many faculty members trained in the program report concern about the use of alcohol by their students and its deleterious effects on their students' academic performance. These faculty reported wanting to help such students, but indicated they did not know how to do so. Becoming involved in the *Partners in Prevention* program has connected them with other members of the WCU community who have similar concerns as well as provide them with tools they can use to support students and facilitate change. In addition to connecting with other faculty and staff with similar concerns, the program has created a community of caring faculty and staff linked by the common desire to assist students. It is expected that the PIP program will expand, becoming more visible as it influences the environment in a positive way.

The development, implementation, and running of the program taught many lessons, including the importance of campus collaboration and outside support. For example, a dedicated cohort of University personnel are important to ensure that the program is conveniently accessible, offered in a timely fashion and continually updated to build on the results of each successive session. To this end, three full-time faculty and administrative staff professionals as well as a graduate assistant organize and conduct the PIP trainings each semester. This same team is also developing the marketing and assessment components of the program. Simultaneously, the members of the President's

Alliance on Alcohol and Drug Abuse, along with Violence Prevention have supported the program from its inception. The old adage, ‘surround yourself with good people’ is an apt reminder regarding the successful operation of the PIP training program at WCU.

The Future

For the future, the goal is to continue the current schedule of PIP trainings with revisions made as needed. In addition to all University faculty and staff, student leaders have also been identified as a target audience, with small inroads having been made in reaching out to this population. For example, a pilot effort to involve students in the PIP program has been completed with pre-service education students having been trained. During the next academic year (2005 – 2006) these groups will again be targeted, as well as residence hall advisors and other student leaders. Greek letter organization officers, team captains, student government leaders and others who may be in a position to interface with peers who may be struggling with substance abuse are excellent candidates for training as well. Further, those who are pre-service education majors will, in all likelihood, work with public school students who should be identified and referred to appropriate sources of help. Being trained in the PIP model will be invaluable to them.

The question then becomes, “How are the intended training targets reached? How can they be motivated to participate in the training?” As far as faculty members are concerned, the continued inclusion in the “Investing in Employee Excellence” offerings is a good source of trainees. Going to individual departmental or even all-College meetings is a means that will be explored. In an effort to personalize the training and thereby make it more attractive to University faculty and staff, one of the 2 identified PIP trainers will extend a personal invitation to all University faculty and staff to participate in the PIP training. This invitation will include an overview of the program as well as its objectives and feedback provided by those colleagues who have already completed the training. In addition, placing “reminder” ads on the President’s Alliance website, and sending personal e-mail messages to all coaches or University athletic teams will also help enlist this crucial group.

Resident advisors (RA’s) are another group to be approached for future training. This will be done in agreement with the head of residence life at WCU. Since RA’s already receive mandatory training similar to that provided by the program, they will not become Partners in Prevention unless they so desire. Core information from the PIP training program will be made available to RA’s and PIP trainers will be available to participate in the mandatory RA training should such be requested.

Another group to be approached as the PIP program evolves at West Chester University will be all Education majors who will be doing their student teaching in Health and Physical Education during the 2005 – 2006 academic year. Since K-12 Drug and Alcohol Prevention programs are mandated in all public schools, it is expected that PIP trained Education majors will be well received by the school districts in which these students are placed and/or their supervising teachers. If successful, other secondary education majors will be invited to participate in PIP training as well.

In addition, students involved in WCU's Pan-Hellenic Council and Student Government will also receive personal invitations to be trained. Through personal invitations to groups such as those mentioned above, it is expected that the number of WCU students, staff and faculty involved in PIP will double by the end of the coming year.

The data received from the assessment surveys will be invaluable. The post-training survey will give much better feedback than the informal surveys of the past. It will be much more obvious which parts of the training needs to be strengthened and which parts can be downplayed. Further, the follow-up surveys sent out at the end of the semester and the end of the year will give some idea of the value of the program. Are the trained PIP's actively involved in the program? While we may never know how many students have been helped by the Partners in Prevention program, it's a safe bet that there is at least one—and that's enough.

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Helping High School Seniors Transition to the Non-Academic Life of College: Putting Theory into Practice

By Julia Taylor

Introduction

It is a widespread fact that most college-bound seniors encounter significant personal adjustment difficulties when making the transition from high school to college. However, limited research is available for secondary school and university/college faculty to help address the issues of preparing graduating seniors for the non-academic life of college. Those secondary school systems that fail to provide accurate information to students in transition, that is, juniors and seniors, are providing a disservice by putting them at greater risk for developing unsafe coping mechanisms and not learning where to turn or how to ask for help. Consequently, high-risk drinking is arguably the most dangerous issue contemporary college students face, and one that can be triggered by a plethora of transitional issues.

Graduating high school and making the transition to college is a milestone that is not only significant for the graduate, but impacts the entire family system as well. Issues related to separation, independence, and responsibility surface for all in the family to address. From the moment that residential students wave goodbye to their parents at the curb outside the college residence hall, they are presented with social situations that have never before—or at best, infrequently—been encountered. And although these issues are most pronounced for students residing on campus, the changes associated with the transition from high school to college are nonetheless significant for commuter students as well.

Alcohol, other drugs, sex, peer pressures, parties, establishing an entirely new group of friends, not to mention romantic and intimate relationships are all important issues that need to be addressed *before* students arrive on campus. As one student shared with me:

Academics are universal. You go to class and listen. You come home and study. Repeat. But there is so much stuff we don't know because we are kept on a leash in high school. Policies keep us out of what really happens on college campuses and how to prepare. I am afraid that my friends and I are just going to get [to college] and go wild—no parents, no rules, and freedom—finally. That freedom is utopia, but frightening at the same time.

High schools and institutions of higher education could possibly deter the social floundering of rising college freshmen by partnering together to provide realistic information to students and parents alike.

Addressing Typical Student Concerns

Facilitating a school counseling group for college-bound seniors is an excellent way to first address campus social concerns in an open, supportive format. By encouraging high school counselors to openly address the concerns of juniors and college-bound seniors in specially designed discussion groups, collegiate counselors can help address the issue of

making the transition to college. This can be accomplished by something as overt as attending some of these group sessions in order to help dispel the myths surrounding collegiate life, or as covert as an intervention where college counselors interact regularly with high school counselors and student affairs professionals to ensure that the lines of communication remain open. In most situations, the school counselor can present the weekly topic and moderate the conversations without time-consuming planning. The following topics are suggested for consideration and topical discussion in a counseling group for college-bound seniors. A liaison between college counselors and high school counselors will likely yield opportunities for discussions about these topics on a professional level, as well as introduce the high school counselor to various resources and first-hand information about the topics that can be shared with students in the high school groups. Such groups can be conducted in a variety of settings, including before or after school, during a study hall, brown bag lunch sessions, or even during class with teacher/parent permission.

Leaving Home

Leaving home, especially if traveling a long distance, can be overwhelming for students. Often seniors seem elated and have a “hard core” attitude about their awaiting freedom, but are terrified of the thought of sole responsibility for oneself. While discussing this transition, it is important to focus on the many aspects of leaving one’s hometown including leaving behind a familiar school environment, old friends, siblings, personal belongings, and parents.

The other side of this spectrum is the notion that many students use college as a means to escape familial dysfunction. This is especially true of children of alcohol-dependent or otherwise drug-addicted parents, in particular, those seeking to escape an abusive household. Often these students have distinct role confusion and are relieved to be entering college and *on their own*, having only themselves to care for. Yet as much as college may be perceived as an escape from the chaos of a dysfunctional family, the very skills that enabled the student to survive the chaos of an addicted family can prove to present problems for the entering college student confronted with adapting to a new environment and the demands presented by collegiate life. For example, issues such as trust (as may surface during interactions with roommates or professors), being assertive with manipulative or aggressive peers, functioning independently, and avoiding *people pleasing* as a basic approach to making friends each presents unique challenges for the entering first-year student that comes from a *dysfunctional family system*. In addition, these students often have great difficulty asking for help when it is needed, and therefore tend to suffer in silence until the problems they face become so overwhelming that they threaten academic and/or social success at the institution. It is vital that the facilitator of discussion or informational groups (designed for transitioning high school students) addresses these issues and provides resources to help students that may be in such situations. Support provided by educators who such engage high-risk students in a proactive fashion can be of particular importance due to the efforts to *keep the family secrets* shown by these students.

Personal Responsibility

Students are acutely aware of the increase in personal freedom and independence that attending college will present, especially if they choose to live on campus and away from home. They can retire at night, arise in the morning and attend class when they choose with no fear of recriminations from parents who check curfews or roust students out of bed in the morning for class. They can eat when and whatever they please, drink alcoholic beverages and smoke cigarettes if they choose without concerns about getting caught by parents, and they can choose their friends and romantic partners without the scrutiny of parents, younger siblings, neighbors or others who know their parents and can report on their behaviors. Yet along with this freedom and independence comes a tremendous amount of personal responsibility, but unfortunately, too many students focus on their pending independence without necessarily recognizing its accompanying responsibility.

Creating the opportunity to recognize the link between independence, freedom and personal responsibility and discussing this in a transitions group in high school can be a useful preparation for collegiate success for the college-bound student. A discussion of the importance of everyday tasks will be helpful in addressing care for oneself as a collegian. Such aspects of life are often overlooked by college-bound seniors when the responsibility for waking up, having personal items like toiletries handy, doing laundry, cooking on a budget, eating healthy, and seeking health care when sick have always been addressed by another member of the family.

Roommates/Meeting New People

When college freshmen enter residence halls, or as they call them, *the dorms*, for the first time, they make first impressions that are lasting. Whether they were popular or not in high school is irrelevant, as this is a new beginning. The one thing that all entering students have in common is that they are all in a new situation and dealing with adjustment issues; meeting new people can be a daunting task for some students.

High schools can help students prepare for roommate situations by teaching basic skills related to interpersonal communications and conflict resolution. There are bound to be issues, big and small, when living in close proximities with other students. High schools can generate role-playing situations in groups that assist students in brainstorm possible approaches to likely situations that will arise in community living. A few issues that are common among college roommates are sharing of food, being loud late at night or early in the morning, sharing each others things such as computers or other personal electronics, being too messy/dirty, “borrowing” other peoples belongings without permission, having friends in and entertaining overnight visitors, not taking messages, drinking/drug usage, and simple personality conflicts.

Drinking Alcohol or Consuming Other Drugs

Drinking and drug use is common among both high school and college students with high school substance use/abuse being a strong predictor for college use. Although college students may use substances for many reasons, e.g., to fit in, to feel good, to cope with social and academic pressures and perhaps even due to addiction, many high schools

refuse to discuss this important aspect of college life with their college-bound seniors, believing that such conversations will promote aberrant behavior. Remaining silent on such a significant collegiate issue tends to do a huge disservice to the students.

In talking with high school seniors, many view drinking and drug use as a dichotomy. They claim that the underage users either “get away with it” or they don’t; they get home safely or they could die. There appear to be no *shades of gray*. To foster discussions about and education on the issue of alcohol and other drug use—and an accurate discussion of both the *good things* and the *less good things* related to use—as seen by the student, is to increase the likelihood of lower-risk choices regarding the use of psychoactive substances.

Developmentally, we know that adolescents are risk takers. They tend to be thrill seekers for whom *adrenaline rushes* are prized. They have historically had a “That will never happen to me” attitude regarding these risks (see the forward to this monograph). To thoroughly comprehend safety and survival skills during these tumultuous times, the following are appropriate topics that could be discussed in a high school group format, an orientation breakout session, and/or upon arriving to college in a residential dorm meeting.

Recognizing the importance of setting boundaries, asserting rights, and protecting personal privacy.

Transition periods often put individuals under extraordinary amounts of pressure to fit in. Learning and demonstrating self-assurance is a very difficult task for most. Belonging is important, but independence, feeling good about oneself, accepting responsibility and the consequences for personal actions—and being assertive and able to say “no” to any situation in which one does not feel comfortable—are difficult, but possible. Presenting students with the opportunity to explore the importance of these issues to oneself and providing the skill set to pursue them will be an important step towards preventing high-risk drinking.

Differentiating between situations requiring peer support and those requiring adult or professional help.

Upon arriving on campus their first year, many of the social and academic skills that were employed in high school are discovered to be inadequate when used to address the demands made by collegiate life. More often than not, friends share deep personal concerns that they would not share with an adult with one another. The first few lines of those conversations generally begin with, “Don’t tell anyone I told you this,” or “If you tell anyone I will never talk to you again.” It is important that they distinguish what may require adult or professional attention. Consequently, they feel like they are betraying their friends if they go outside the peer group for advice, and therefore may not report serious issues to those who are in the best position to help.

Almost paradoxically, contemporary students are comfortable sharing their feelings on the Internet. Teaching help-seeking skills can be an important first-

year survival skill for transitioning students. Helping them understand that if they feel something is really wrong, it probably is, can increase the likelihood of accepting the responsibility that accompanies their new collegiate freedom.

Applying effective problem-solving and decision-making skills to form safe and healthy choices.

Teaching individuals at any age to problem solve is relatively easy. Teaching the application of these problem-solving skills is another story. Bombarded by internalized peer pressure, often times peer influence overrides common sense. They need to practice how to think independently with these skills based on their own individual values: state the problem, identify options, brainstorm a solution, assess the results, and be prepared to cope with the result if it does not work. Contemporary students live in the *here and now* and sometimes cannot understand the conflict between short-term wants and long-term goals. This can result in many appearing to have difficulty differentiating between right and wrong.

Learn about the emotional and physical dangers of substance use and abuse.

The physical risks associated with drinking are not just “death.” Many things can happen while under the influence of psychoactive substances like alcohol. These can take a devastating toll on the personal lives of students. Emotional consequences are endless and include high-risk or unwanted sexual activity, date rape, depression, suicide, family problems, anxiety, and lower grades. Any of these can present a formidable barrier to negotiating the developmental tasks of early collegiate life. Too often, students experiencing emotional turmoil think they “need” alcohol to be “themselves” or cope with peer rejection.

Learn how to cope with peer pressure.

Teenagers are quick to succumb to peer pressure. The days of “If you do not drink alcohol with us, you are not cool” are generally over. The peer pressure contemporary adolescents feel is internalized, meaning they feel they should have a drink (or two, or three, or four) to relax and fit in. The issue of students misperceiving the social norms and this impacting their proclivity to drink is addressed in several essays in this monograph.

Teenagers rely on friends to validate their thoughts and feelings and to feel good about themselves; they perceive a *need* for peer approval. Resilient teenagers cherish their uniqueness and have a good time being themselves. Role playing risky situations in high school transition groups and dealing with internalized peer-related pressure could minimize harmful effects. In addition, the fine arts of negotiation, manipulation, and avoidance are realistic avenues that are easy for teenagers to use.

It is important that high school and college counselors do not promote substance use; however, students need to know where they can turn if they find themselves in a dangerous situation and need a safe and sheltered place where they can openly discuss personal problems and fears. School counselors can provide an optimum service to

students by openly discussing the dangers of high-risk substance use, while at the same time providing insight as to positive coping alternatives.

Other Mental Health Concerns

Depression, anxiety, and eating disturbances are far from rare on contemporary college and university campuses. Many mental health disorders can be triggered by the stress that incoming first-year students are likely to experience during the initial weeks of their first semester. Often times, these disorders co-exist with substance abuse. To act on these potential early collegiate stressors, high school students can discuss likely campus resources that will be available on their campus and the importance of seeking help at the first signs of distress lest they fall into an unhealthy trap. It may also be beneficial to the high school counselor to go over mood disorders and other common mental health symptoms in order better educated and prepare students to be proactive should they encounter them personally or in a roommate or friend.

Time Management

Prioritizing responsibilities is a major concern for many first-year college students. In high school, the majority of student time is spent in class, with teachers who tell them what assignment is due when and just how much time there is before the next assignment is due or test is scheduled. In college, students routinely spend 15 or 16 hours a week in class with the remainder of their time spent outside the classroom, often in a social atmosphere. Regarding academics, professors will generally provide a syllabus the first day of class that includes all assignment due dates and scheduled exams and then not mention these assignments or exams again until the day they are scheduled. The likelihood that a high school student's traditional approach to planning academic success will yield a satisfactory result at university is questionable at best.

Money Management

Managing money may not be on the short list of a high school student's concerns when starting college, but perhaps it should. Assistance with financial planning and understanding the importance of following a budget in college is an important skill for many high school seniors to develop. Most entering students will not be working their first semester—or if so, will work relatively few hours, at minimum wage work-study positions on campus. They will not have the advantage of home-cooked meals, home entertainment, and free transportation. Financial concerns can add to the stress a student may experience, which in turn can increase the likelihood of using psychoactive substances. Interestingly, if finances are an issue for a student, that student may be drawn to the *one-price-all-you-can-drink* keg party as opposed to attending a more expensive alternative social activity

The following are suggestions posted by Richard Boyum that can be pursued with students and are available in more detail at:

<http://www.uwec.edu/counsel/pubs/Money.htm> (accessed 4 Aug 2005).

1. Ask yourself the question, "*What do I expect my assets or income to be over the academic year?*" Add up sources that come from any work, financial aid package, and gifts from family and or friends.

2. *Determine what your expenses will be over the year.* You will need to budget for tuition, room and board, and a variety of miscellaneous expenses.
3. *Differentiate between what you want and what you truly need.* It is easy to confuse the two. How many pairs of jeans do you really need? How much do you need for social activities? How many CD's? Many individuals can develop significant cost savings by focusing on their needs and spending only a small amount on things they want but don't have to have.
4. *Remember that time is money.* The more things that you buy that you truly don't need may require you to spend more time earning money to pay for those things. Ask yourself why you are in college and what you hope to do with your college experience. By buying less you may have more time to study; consequently, you get better grades and learn more, so that you can get a better job. Realize that most college students are working for between five and ten dollars an hour, and that most college graduates are working for between fifteen and twenty-five dollars an hour. The simple math will tell you to study now; earn more and you can spend more later.
5. *Be careful with credit cards and ATM machines.* This again is an area to distinguish between wants and needs. There was a time when people actually lived without credit cards and did quite well. Being able to defer gratification is an extremely important aspect in money management. Discuss avoiding impulse purchases with transitioning students. Consider putting credit cards in places where they must literally be retrieved in order to have them on hand. Some individuals will wrap their credit card so that it has to be unwrapped before it can be used, even when they are carrying it. This gives you time to think about whether a purchase is truly a need or an impulse. Whenever possible, pay the balance immediately. A bad credit rating will come to haunt you in many ways.
6. *If prepaying for a meal plan, be sure to use the plan appropriately.* Spending money out-of-pocket in other places for food, especially on campus, is like charging yourself twice. Be selective about when and where to go out to eat.
7. *Keep track of how much is spent for miscellaneous items that are basically purchased for pleasure and enjoyment.* These items can add up quickly. Invite students to consider the benefit if expenses in this area were cut. Remember that we have access to so much in our culture. Perhaps listening to music online or sharing CDs with collegiate friends can result in saving considerable money in a year.
8. *Consider the cost of smoking and or drinking.* The cost of tobacco and alcohol can become powerful incentives for moderating use when considered in the context of one's finances, especially when differentiating wants from needs.
9. *Consider gifts of time for friends and family in order to express friendship or appreciation rather than those that must be purchased.* Doing a task for someone—or just being with them—may be the gift in itself. Giving a backrub, going on a walk, or doing somebody's laundry, may be as important as an expensive gift.

In addition to these common-sense suggestions, it is helpful to make students aware that credit card companies often flock to college campuses during the first few days of school,

making it simple for college students to sign away their future credit, all for a T-shirt or other token gift that appeals to the impulsive whims of students. Such easy access to credit can result in substantial debt that may damage a young adult's future credit history. High school students often do not understand the impact financial problems in college can have on their financial portfolio in the future. Teaching economic prudence in high school may preclude overspending in college, thereby reducing debt-related stress. Indirectly, such practices may curb high-risk student behaviors. If such practices like drinking to intoxication are used to cope with stress for example, then teaching fiscal prudence in high school may well serve the dual purpose of averting high-risk drinking in college.

Being Proactive Rather than Reactive

Lastly, I believe the most important conversations high school educators can have with transitioning students focus on being proactive and taking responsibility for one's actions. Be they personal, financial, or social issues, students need to assert themselves and *speak up*. College professors in large freshmen classes may not know individual student names. Parents are often not present to make students go to the doctor when they are sick. And student financial obligations can accumulate quickly, often undetected by family or friends. High school counselors can create a virtual opportunity for students to take an *eye-opening* look at personal consequences that can develop from being non-assertive. Finding, and more importantly using, one's personal voice can go a long way toward preventing stress for the new collegian.

Helping Parents

Parent Support Groups

Parents of college-bound seniors often need support as much as their children do. Students leaving for college present parents with issues of concern as they struggle to cope with an expanding awareness of their own aging and the resulting physical changes in their lives. This is especially true for parents whose youngest (or only) child leaves for college. Being left with a *house full of memories* can be difficult for some parents who are unprepared for their children's transition from home to a collegiate environment.

Not realizing just how significant the transition in their child's life will affect their routine at home, parents jokingly say; "I can't wait to get my life back," or "I am going to be free again." Just as seniors tough it out, parents are doing the same. Schools can hold a parent support group in the morning, after school, or in the evening, perhaps once a month, to discuss issues they may be facing and offer support to one another. Partnering with local college/university systems to have admission or psychological counselors present during these sessions is helpful to ease parental fears and help with the transition process. What parents are often concerned about is the lack of control over their child and feeling a loss in the family system. College representatives can assure parents that their children have many avenues for support in any collegiate system. Such interactions are also ideal places to address the issues of high-risk student behaviors all parents are aware of via their use of the media. *Binge-drinking*, sexual assault, and drug use are all issues that parents have been confronted by in the media for more than a decade. Open discussions of these issues, helping parents explore proactive ways to address these issues

with their children prior to entering college, and being able to separate the myth from the reality of the media reports can be of enormous help to parents of entering college students.

The following are a few other suggestions for high school and college counselors to help parents with personal transitional issues:

Parents can:

- Help their senior plan over the summer for their move. There is a lot to do, and taking time to buy dorm materials, driving to orientation, and what to take to school may be a memorable experience for all.
- Have discussions, not rules, about how their student can stay safe. Discuss with students where they can go on campus for help. Clarify their own personal values and again, discuss them with their student.
- Discuss educational goals and expectations continually. Being at college is an expensive privilege. While academic success is only part of the journey, it should be expected that grades be a top priority.
- Find an old hobby or an interest they may not have partaken in due to their commitments with their children. Having less free time will refocus negative energy.
- Meet with other parents regularly and have a strong support network.

Partnerships with University's to Address High-Risk Drinking

Many high schools have career centers and/or college fairs where recruitment counselors frequent to educate parents, students, and high school counselors about their programs. This service is an asset to the students in providing adequate information that often makes or breaks a student's decision about applying to a particular university. It is important that recruitment counselors have the chance to answer the students questions beyond "What SAT score do you need" and "What does my GPA need to be to apply?"

This time presents a perfect opportunity for counselors to talk about the resources their campus offers, specifically those addressing collegiate drinking issues. Early preventative strategies should target all students. College counselors should take advantage of this time to address universal policies along with documented case studies of dangerous drinking behaviors. Students need to hear the real consequences including risk of academic failure, removal from the dorm, semester suspension, legal policies, and the obvious risk of physical and mental health.

Campus Resources

Every college campus has numerous avenues for students to receive help. Most universities do an excellent job of making this information available to students, via various media, when they arrive on campus. Students need to know they have a place to go to if something should happen, physically or mentally, while away from home. Many colleges offer freshman year experience or other *freshman year survival training* seminars or classes, and these resources are often part of the curriculum for these programs. Health education centers, peer educators, counseling centers, health clinic, sexual assault centers, doctors/nurses, and many more programs that focus on the whole

student are readily available on campus, usually at no cost. However comprehensive the network of support services on a college campus may be, it is still ultimately student awareness of the services and/or being assertive enough to seek them out that affects a student's use of these resources. This is another area where parents and high school educators can collaborate to increase the likelihood that students will be successful in college, by placing this information in the hands of the transitioning student.

Prevention Programs

College campuses are notorious for having theme weeks (and months) designed around promoting healthy lifestyles, smoking cessation/prevention, alcohol awareness, body image awareness, nutrition month, breast cancer awareness, HIV/AIDS testing and awareness, sexual assault prevention month, and STD awareness to name a few. Often these outreach programs are facilitated by peer educators.

Overnight Visits for Admitted Students

An overnight campus visit will give rising freshmen the opportunity to experience and familiarize themselves with campus life. Students can meet students and faculty, begin to navigate the campus, and get a first-hand glimpse into the realities of the campus social scene. It has been established that many students have a preconceived notion that drinking and partying are the norm across most college campuses. Their experience at the school may prove an entirely different realm. Many college students do not drink, party, nor participate in social functions in which they fear their personal safety may be threatened. These students know how to have a good time without indulging in risky behavior. Higher education officials can help to ensure the rising freshmen experience be "safe" by choosing responsible individuals to host the students and provide adequate training. Selected students should be involved in campus activities, outgoing, and willing to share personal stories and suggestions to avoiding the social pitfalls associated with high-risk drinking. In addition, it is helpful for those students to bring back their experiences to other college-bound students for open discussion.

Using the Internet to Increase Student Familiarity with a Collegiate Environment

Technology has enabled students to make global connections without leaving their bedrooms. With the Internet, students are able to get virtual tours of campuses, search and read various news stories about colleges and universities they are interested in, and contact alumni and current students to gain an insider's perspective. It is hard to believe that some of us survived without it. High school counselors can go into senior classrooms and provide students with websites and a "how to" session geared towards showing what university and college websites have to offer. This is also a potential time and money saver for those who are unable to travel or speak directly with university officials.

Conclusion

Going to college is a unique experience for every student. As the door from high school, home, friends, parents, familiarity, and daily routine closes, a new door of opportunity opens. Students are making decisions daily that have a direct correlation with their future. The fact is that most college-bound seniors have an elated degree of apprehension directly associated with the college transition makes for a more critical need for high

schools and university faculties to work together to make the transition productive. If students are accurately and adequately prepared for the real world of college life, the more ready they are to deal with the innate pressures of life to minimize potentially dangerous situations. High school counselors, faculty, staff, universities and parents can provide this information to help ease this tumultuous time and provide these students with the tools they need to achieve personal, social, academic, and lifelong success.

The following resources address a realm of issues centering the transition from high school to college, and may be beneficial to high schools, colleges, parents, and students.

Journal Resources

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Internet Resources

Alcohol Behavior Research Center (ABRC)

<http://depts.washington.edu/abrc/>

AlcoholScreening.org

<http://AlcoholScreening.org>

Brief Alcohol Screening and Intervention of College Students: A Harm Reduction Approach

<http://modelprograms.samhsa.gov/pdfs/FactSheets/BASICS.pdf>

Center for College Health and Safety

www2.edc.org/cchs

College Board – Plan for College

<http://www.collegeboard.com/plan/>

College Drinking Prevention

<http://www.collegedrinkingprevention.gov/reports/trainingmanual/contents.aspx>

NIAAA College Drinking Prevention: FAQs on Alcohol Abuse and Alcoholism

<http://www.collegedrinkingprevention.gov/facts/q-a.aspx>

Online Alcohol Prevention Programs Assessment

http://www.lcb.state.pa.us/webapp/edu/assessment/online_assessment.asp

Online Resources for Low-risk Collegiate Behavior Related to Alcohol & Other Drugs

<http://pa.thenetwork.ws/assess.shtml>

Outside The Classroom

<http://www.outsidetheclassroom.org>

Substance Abuse Recovery on Campus

<http://www.sarcc.com>

Transitioning To College

<http://familyeducation.com/topic/front/0,1156,68-27268,00.html>

Transitioning to College Life

http://www.gsu.edu/gastate_3468.html

Book Resources

101 Things a College Girl Should Know, from a Big Sister Who's Been There

Stephanie Edwards

101 Things a College Guy Should Know

Stephen Edwards

Been There Should've Done That: 505 Tips for Making the Most of College

Suzette Tyler

Been There, Should've Done That II: More Tips for Making the Most of College

Suzette Tyler

Chicken Soup for the College Soul : Inspiring and Humorous Stories for College Students

Jack Canfield, et al

College in a Can: What's in, Who's out, Where to, Why not, and everything else you need to know about life on campus

Sandra Choron and Harry Choron

College Survival, 6th Ed

Greg Gottesman, Daniel Baer, et al

I Went to College, and It Was Okay

Scott Dikkers

Letting Go : A Parents' Guide to Understanding the College Years

Karen Levin Coburn, Madge Lawrence Treeger

Making the Most of College: Students Speak Their Minds

Richard J. Light

Navigating the Research University: A Guide for First-Year Students

Britt Andreatta

The College Blue Book: A Few Thoughts, Reflections & Reminders on How to Get the Most Out of College & Life

Anthony J. D'Angelo, Phil Tripp (Editor), Bernice Lauterbach (Editor)

The Freshman Year Experience: Helping Students Survive and Succeed in College

M. Lee Upcraft and John N. Gardner

The Everything College Survival Book; From Social Life to Study Skills-Everything You Need To Know To Fit Right In-Before You're a Senior!

Jason R. Rich

The Naked Roommate: And 107 Other Issues You Might Run Into in College

Harlan Cohen

The Real Freshman Handbook: An Irreverent & Totally Honest Guide to Life on Campus
Jennifer Hanson

You're on Your Own (But I'm Here if You Need Me): Mentoring Your Child During the College Year
Marjorie Savage

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Being a Coordinator of Campus Alcohol and Other Drug (AOD) Prevention Activities

James E. Lange, Ph.D.

The New Coordinator: Expectations Run as High as The Doubts

It is a daunting thing, arriving on campus as its first ever, Coordinator of Alcohol and Other Drug (AOD) Initiatives. Although a new position always instills a mix of fear and excitement, this was different. There had been news stories and campus publications heralding the coordinator's arrival: Recent fraternity expulsions and high-profile alcohol-related busts were the backdrop against which the new campus Coordinator of AOD Initiatives was viewed. This position was described as a bold step for the university; a demonstration of the administration's resolve to get a handle on high-risk campus drinking.

The coordinator's position was not created without political in-battles, complete with the requisite winners and losers—of this I was blissfully ignorant—and the interest shown by the media was plain to see. When accepting the position, I was assured that the administration had realistic expectations of the individual assuming the position; miraculous changes in the campus drinking culture were not a requirement for the job. This was particularly heartening considering that the position included neither budget nor staff, not to mention the lack of authority needed to execute the individual responsibilities included in the job description. I soon became apparent that *the coordinator* was to function more like a resource expert than as a program coordinator—to the extent that I could demonstrate the utility of my expertise, I could coordinate through persuasion.

The AOD program at a large university will inevitably emerge with some degree of decentralization. Departments such as housing, Greek life, campus police, and athletics will all address AOD issues in some fashion as will campus service providers such as student health and counseling centers. With such diverse assets come real differences in ideological orientations that can make coordinating their involvement with a central issue a tense situation. For example, one of the first meetings I chaired saw the participants almost come to blows. The counseling center's director was set to start a *diversion* program—a program that would have kept students caught in violation of alcohol laws from receiving fines or citations with the promise of counseling sessions instead. Such a program would have negated a campus *town/gown* coalition program that was trying to increase student awareness that citations and fines were likely if alcohol laws were violated. It was a classic conflict between programs, one with compassionate treatment as its objective and the other with a zero-tolerance focus on heavy-enforcement. I made the rookie mistake of taking sides too early, putting our counseling center on the defensive. Ultimately, the counseling center's program was scrapped because it became clear that there were legality issues with the way students would be brought into the program, but the lesson I learned was that acting in the moment without the benefit of an overarching plan increases the likelihood of alienating important stakeholders in a coordinated campus AOD program.

Acting according to a recognized plan could prevent stakeholders from assuming that their agenda was the only or preeminent agenda of worthwhile at the same time orienting all concerned that there is room and need for inclusive efforts. In sum, stakeholders need to recognize where each individual AOD-related activity fits into a larger orchestrated program and it is the AOD Program Coordinator's responsibility to choreograph the performance.

Finding Only "Laundry Lists"

I set out to find this overarching plan that would allow me to prioritize our campus efforts and bring some order to what had become something of a programmatic stew. I began this quest believing a plan would be readily identified, this assumption being based on the knowledge that college AOD abuse had become such an important and timely topic with many universities across the country. Surprisingly, however, a coherent and grounded plan proved more challenging to identify than I had expected as it proved to be a novel concept. This pursuit of a coordinated, central plan predated the release of the NIAAA (National Institute on Alcohol Abuse and Alcoholism) Task Force report on college drinking by a several months. But even following the report's release and subsequent discussions of preventing high-risk collegiate drinking and the importance of overarching plans in the literature, there tend to be little more than programmatic lists or vague umbrella terms such as "environmental management" proffered as strategies to change the campus drinking culture. Even the catchy title "comprehensive" had not yet been defined within the context of campus AOD prevention strategies.

Not finding what I was looking for, especially with regards to creating a coordinated program of prevention, I set out to create a comprehensive approach to addressing AOD issues on my campus. I was adamant that this new model would embody the literal meaning of *comprehensive*. Thus, it could not merely be a list of targeted student sub-populations or a list of all possible programs, because such lists would inevitably become obsolete as times changed and program innovations occurred. Instead, the comprehensiveness of the program would come from the goals it strove to achieve. Thus the plan would seek to encompass and coordinate all types of prevention strategies.

A Unified Theory of Prevention: The "Physics" of Prevention

Oddly enough, our prevention plan starts with an analogy, a question from physics really: *How would one prevent a marble from coming in to contact with another object?* This simple question has an infinite number of solutions, but you could probably classify the vast majority of those solutions into three action-groupings: Blocking, deflecting, and repelling. Blocking implies creating a physical barrier between the target and the marble. The barrier must be capable of absorbing enough of the marble's forward momentum so that it cannot reach the target. Deflecting the object implies introducing something that redirects the inertia of the marble onto a vector away from the target. Finally, *repel* implies somehow creating a force emanating from the target object that counters either its own attractive force, or the inertia of the approaching marble.

So in this simple physics example we can list the three types of actions and therefore create a comprehensive set of possible solutions to the question. Now, translating the

analogy of the marble to AOD prevention, let us assume that the person is like the marble and the substance or abusive behavior is like the marble's target. If the physics analogy holds, there should be three types of actions we can implement to prevent substance use or abuse. Each action type—blocking, deflecting, repelling—should have a corollary domain of psychosocial programmatic actions that together create a comprehensive system. The translation from physical actions to psychosocial domains is as follows:

1. *Blocking*—Blocking is typified by access control measures. Impediments for obtaining a substance are set through policy and enforcement activities. Note that in its purest form, access control programs effect only the environment, giving no regard to one's motivation to consume the substance. In a more expansive view, access controls and policies are seen as having some persuasive power on individuals since they inform the population about the expected norms concerning the prevention object's attractiveness.
2. *Deflect*—Deflection activities redirect behaviors toward paths that are free from the prevention target. Operationally, these are behavioral alternative programs because they offer people a behavioral choice that leads away from the substance or abuse. Ideally, behavioral alternative programs permit expression of developmental, social, economic, and physical needs in a substance-free environment or in a setting that minimizes risks.
3. *Repel*—In psychological terms, to repel is to counter or remove the attractiveness of an object, or increase the repulsion or motivation to avoid the object. These programs focus on individual's cognitive beliefs, attitudes and motivations about the prevention target. Thus, individual focus programs are repellent not through a literal insertion of an emanating force from the target, they are repellent because they alter the motivations of individuals that may draw them toward the substance. Changing motivations likely means changing knowledge and attitudes relevant to the substance and this may be achieved either through individual contact, or through mass-media messages such as through counter advertising.

Adding Supportive Domains

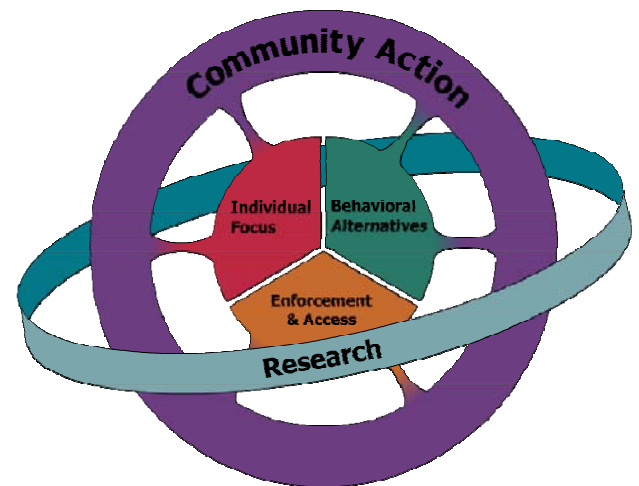
Putting together our three psychosocial programmatic domains—access control, behavioral alternatives, and individual focus—we get a set that can adequately cover all possible programs that directly strive to prevent substance abuse. These three domains form the primary functional categories for all prevention program goals. So for any program, we could ask the question, "How will this prevent AOD abuse?" The answer would inevitably fall within one of these three domains.

However, not all of our efforts can be categorized as one of the three primary domains, because not all prevention activities are intended to directly affect AOD abuse. Some of what we do is instead conducted to serve supportive functions for other programs. Such supportive programs can usually fit within two general supportive domains: community action and research.

Community Action is a practical necessity for achieving the goals of many programs. For instance, to achieve an access control objective—for instance, keeping underage students from alcohol—one may wish to strengthen local ordinances regulating the training of waiters and bar staff. To accomplish this, one will likely need a community coalition that can generate the political will to change the ordinance. Similarly, community action may be required to get various enforcement agencies to work together to conduct a high-profile enforcement of minor in possession laws.

Research is another supporting activity. Research alone will not prevent AOD abuse. However, research is often a critical activity both for program planning and evaluation. Research is essentially our sensory system for program activity, informing the direction and progress of our actions.

Together the three primary domains and two supporting domains make a comprehensive system of functional categories for prevention programs. The domains fit together nicely into a graphical model representation (see Figure 1 to the right). Primary domains make up the core of the model. Supportive domains are represented as both peripheral and capable of interacting with any of the three core domains.



Comprehensive Approach

The functional model presented above is comprehensive in that any program can be neatly placed within one of its domains. However, it is still open for debate whether a successful campus-wide prevention strategy should contain programs from all five domains, or if success could instead rest on implementing just one or two domains. Theoretically, one highly potent program from just one primary domain should be sufficient. Practically, however, the potency of existing prevention programs is so weak that it is more reasonable to expect substantial results with a comprehensive approach that attempts to act on all three of the core domains, and likely utilizes the supporting domains as well. Therefore, we are adopting a comprehensive approach that tries to include programmatic elements from all functional domains.

Note that the functional domains as described here are independent of the prevention targets. Presumably, for any given campus subpopulation, e.g., high-risk or sanctioned drinkers, fraternity/sorority, residential, minority students, etc., programs could be implemented to accomplish goals within any domain. Ideally one would assure that for any given student, a tailored set of programs would be brought to bear designed to maximize efficacy. Of course resources usually limit such tailored approaches except for perhaps the most high-risk student.

Our new comprehensive model has a different theoretic foundation from other's attempts (see DeJong and Langford, 2002 for an exemplary alternative model). Some approaches have used varying levels of targets, e.g., student, campus, community, as an organizing principal, while others have used vaguely defined groupings—such as environmental change, harm reduction, and education—without assuring that their groupings are comprehensive and not overlapping. By attempting to list the exhaustive set of functional programmatic goals, our approach is more general. Further, campus prevention specialists and administrators alike can readily understand this new way to package diverse programming objectives.

Starting to coordinate: Fitting Pieces Together and Finding Gaps

It is a transformative moment to have a model for action. For us, it suddenly became easier to talk about the panoply of programs already being implemented. We could catalog the programs and see how they are distributed across the various functional domains of the comprehensive model. Cataloging programs immediately identified holes in our programming. For instance, we found surprisingly few behavioral alternative programs, and a saturation of individual-focused programming. While that may or may not be a problematic imbalance, it certainly makes one pause to stop and think. Could we better allocate our resources? Are there duplicative efforts? Could we expand some programs to include a larger set of students?

In addition to our campus-wide analysis of programming, it is also interesting to look at how other people's sets of prevention programming fit within this new functional structure. For instance, the programs discussed within the NIAAA, *A Call to Action*, can be considered within the context of this comprehensive classification system. The NIAAA Task Force organized programs into "Tiers" by scientific evidence; program function was not used as an organizing principle. They also offered a target population analysis of each program. While it is useful to know the quality of scientific evidence for various programs, the tier structure within the NIAAA report does not guide an institution to a balanced set of AOD prevention programs. Thus, for a campus that is struggling to develop a comprehensive prevention approach, the tier structure is of limited usefulness. However, by adding the functional-domain dimension to the tier structure, their analysis becomes more complete. One can then choose from among those programs identified as effective when considering what to implement. Note that within this context, considering Research as a program goal is not possible (see Table below).

NIAAA Task Force Tiers of Evidence				
Program Functional Domain	1—Evidence of effectiveness among students	2—Evidence of success with general populations	3—Evidence of logical and theoretical promise	4—Evidence of ineffectiveness
Individual Focus	1. Cognitive-behavioral skills training 2. Brief motivational enhancement interventions 3. Expectancy challenge		1. Increase publicity about enforcement of underage drinking laws on campus and eliminating mixed messages 2. Norms correction marketing campaign 3. Information campaigns for new students about alcohol policies	1. Informational knowledge-based programs 2. Blood alcohol content feedback
Behavioral Alternative			1. Alcohol free activities 2. Alcohol free dormitories 3. Reinstate Friday classes 4. Safe-ride programs	
Access Control		1. Increased enforcement of minimum drinking age 2. Enforcement of laws to reduce impaired driving 3. Restriction of alcohol retail outlet density 4. Increase alcohol prices 5. Responsible beverage service	1. Ban keg parties 2. Employ older resident assistants 3. Controlling alcohol at sports events 4. Banning alcohol on campus 5. Increase enforcement at campus events 6. Consistently enforcing disciplinary actions 7. Regulation of happy hours and sales	
Community Action		1. Formation of campus community coalition to implement programs listed under access and enforcement-Tier II	1. Refuse alcohol sponsorship	

A quick look at this newly organized set of programs makes it immediately apparent that research support is much greater for individual-focused programs. However, this is likely due to the ease with which a “clinical-trial” research paradigm can be implemented for individual-focused programs; contrast that to the more difficult to study domains of behavioral alternatives and access control. Ease of research likely also explains why no *ineffective* programs have been identified in any domain except individual focus.

The exercise of classifying lists of programs also helps to clarify the meaning of our functional domain labels. Take for instance, the popular norms-correction marketing campaigns, often referred to as *social norms marketing*, that seek to correct student

misperceptions about the actual consumption behaviors of peers. These programs are classified herein as individual-focus programs. That may seem somewhat counter-intuitive given that the mode of intervention is mass marketing. In fact, the U.S. Department of Education's Higher Education Center for Alcohol, Other Drugs & Violence Prevention has intertwined *social norms marketing* into an "environmental management" approach because they see the perception of the norm as a catalyst for environmental determinants of substance use—see <http://www.edc.org/hec/socialnorms/>. But in our new functional system, determinants of the behavior are irrelevant; instead it is the prevention function of the program that guides the classification. Thus, this marketing approach is *individual focus* because the action of the program rests within changing individual's perception of the normative environment.

Some programs are more difficult to classify. For instance, policies that restrict campus alcohol advertising can be ambiguous. To make things easier, it is useful to consider the two main reasons that people use alcohol advertising: (1) brand awareness, and (2) alcohol-outlet availability. A brand-awareness advertising campaign seeks to increase the consumer's positive and accessible attitudes toward the brand. We contrast this with outlet-availability ads that originate from and promote a point of sale. A local bar may advertise their drink specials in the campus paper, for instance. Such an advertisement informs students about the location and cost of alcohol. With the distinction between these two types of advertising in mind, we can see that restricting brand-awareness ads can be considered an individual-focused intervention because the restriction is attempting to decrease students' positive attitudes towards an alcoholic product. Restricting outlet-availability ads fit better within the access-control domain because the goal is to obscure the availability of the substance.

Alcohol-related advertising sponsorship of campus events, e.g., athletic events, is a similar issue for campuses. In Table 1, I have placed it within the *community action* domain because removal of alcohol sponsorship is often considered not for its effects on the students, but instead for how the campus is perceived by the community. Our campus is a frequent target of hypocrisy charges due to our acceptance of money from a beer company. Thus, to strengthen the campuses standing within the community discontinuing such sponsorship may be considered so that other policy and enforcement objectives may be reached. Admittedly, there are other reasons a campus may reject alcohol company sponsorship. Some may believe that sponsorship will directly affect student attitudes toward drinking because with sponsorship inevitably comes brand-awareness advertising. If removing such advertising is the driving motivation for the sponsorship ban, then it would be better labeled *individual focus* for that campus.

So-called "harm reduction" programs can be equally opaque with respect to classification. DeJong and Langford (2002) lump such programs under the heading of "health protection" and consider them as separate types from all of the other programming. However, it may be even more useful to discard this category altogether. Many of the interventions usually defined as "harm reduction" can fit neatly within the behavior-alternative domain. A safe-ride program may be the classic example here. The shift here from *harm reduction* to *behavioral alternative* may seem subtle, but it stems

from a shift from prevention high-risk alcohol consumption to preventing driving under the influence. When the behavior to be prevented is impaired driving, a safe-ride program provides the student an alternative (non-driving) means for achieving the goal of getting home. So when we think of behavioral alternative programs, it is important to remember that they are more than just substance free events; they can be any intervention within the environment that makes less-risky behaviors the more likely choice without suppression of the underlying need of the individual. Indeed, this is in fact often what is meant by the term “harm reduction.”

Building Supportive vs. Competing Programs

Wanton program categorization is only half the fun of having defined an organization system for prevention programming. While it is useful and informative to categorize, it is equally important to see how programs fit together. The first step within this is to recognize that not only do programs have their primary-objective domain, but they also have elements from other domains that serve supportive functions as well. An example from our campus can illustrate this concept:

Our safe-ride program was a free service that offered students a ride home on weekend nights from local drinking areas. The program’s objective was to reduce drunk driving by offering a behavioral alternative. Though one would think that such a service would have been very popular, in fact it was almost never used. Here, we see that providing a behavioral alternative may not be sufficient to have a successful program.

A supportive effort that attempted to raise awareness and positive attitudes was developed to try to increase program utilization. This supportive program would be classified as *individual focus*. Using social marketing techniques and including information about the safe-rides program in peer-education programs, we successfully raised usage of the program many fold. Understanding the need for supportive elements allowed for the integration of the safe-ride program into other efforts.

In fact, the program was literally made too successful. So many students used it, that it quickly ran a deficit. Had we foreseen such a pitfall, perhaps additional supportive elements—such as enhanced community support—could have helped maintain the program’s solvency.

Analogous stories, though with different outcomes, could be told for almost all programs. The more supportive links between programs one can make, the greater the impact. An individual-focus counseling program may be linked to an enforcement effort. Or a policy change that limits access will be better followed if accompanied by an individual-focus marketing message or media advocacy effort. Once these synergies are recognized as essential, it becomes ever clearer that coordination of activities is necessary to accomplish anything.

From Here Forward

So now we are working with coalition members to link our program activities together, so that each program receives the support it needs to make it effective. We use the comprehensive strategy to assure that we have a common language, and better understanding of how particular programs are important. We are also trying to increase our program activities to better fill in all of our implementation holes. Two of our more immediate needs are to (1) have individual-focused programs that cover more students, and (2) create better utilized and self-sustaining behavioral alternative programs.

But aside from program expansion, we are also retooling our programs to encourage student interaction with program offerings. The idea is to encourage students to engage in three activities, one from each primary domain—access control, behavioral alternative and individual focus. Thus a student would be offered an incentive to participate in at least one individual-focus, one behavioral alternative, and one access control program. There are two challenges we face with implementing this plan: (1) creating sufficient incentives for participation, and (2) offering appropriate interaction-friendly programming in each domain.

Interaction-friendly *access control* program opportunities are proving the most difficult to generate. One program currently being tested is called *Operation: Campus Sweep*. This program enlists volunteers to walk around campus and enforce flyer posting policies. Though the application of this enforcement is content neutral, we see its goal as a means of reducing outlet-specific advertising. While this is promising, clearly we will need to create more opportunities such as this to allow for more student participation.

Looking back, we have come a long way towards developing a coherent AOD prevention strategy since my arrival. But with all of our accomplishments, many of the same issues that faced the campus when I arrived continue to this day. Fraternities are still getting in trouble and there are still high-profile arrests and AOD related tragedies. Old habits among the grass-roots prevention groups also die-hard; much to my chagrin, high-priced inspirational speakers still get sponsored by student groups, for instance. But the tone has changed and cooperation has increased. More and more, those responsible for programming are seeing the need for balance and breadth of offerings. Successful programs are beginning to cross-departmental lines because we have an atmosphere of collaboration instead of defensiveness. And now, even though I still have no budget and no administrative authority, it's becoming more and more common that programmatic and policy decisions go through my office for guidance and input. This I attribute to having an affirmative structure to fit people's programmatic goals into a broader context of action. It is through that approach that I have begun to truly be a coordinator of AOD initiatives.

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When Booze is in the Air: Officially

Al Frech, PhD

Recently the National Institute of Alcohol Abuse and Alcoholism Task Force on College Drinking (NIAAA, 2002) confirmed and detailed the pervasiveness of alcohol misuse on college campuses and the consequent harm to students and the institution. Prior to that report research on college drinking reported an interesting phenomenon related to student alcohol use. From their initial research in the 1980's on collegiate student drinking, Perkins and Berkowitz (1986; 1987) determined that students overestimated how supportive their peers were of permissive drinking behaviors, and that this exaggeration was predictive of how much students drank. Briefly, while the majority of students displayed moderate and responsible drinking behaviors, students themselves believed their peers to be more extreme and excessive in their attitudes and behaviors. The discovery of a correlation between perceptions of use and actual use led to Perkins and Berkowitz recommending further research on a new approach to prevention: correcting student misperceptions of the social norm in order to reduce actual use (See, *The Social Norms Approach to College Student Drinkers: Its History and Implications for College Health Promotion* earlier in this monograph).

Traditional approaches had focused on providing information on the negative consequences of use and abuse including scare tactics and the remedial treatment of those who were problem drinkers. The new prevention called for students to receive accurate information about the more moderate drinking attitudes and healthy behaviors of the majority of their peers. This shift away from emphasizing problem behavior while publicizing healthy student behaviors was derived from research on the influence of group norms on behavior and represented the seeds of the social norms prevention approach to alcohol misuse. Perkins (2002a) reviewed twenty years of conceptual and empirical work on the role of social norms in the prevention of alcohol misuse and the pervasiveness of the misperceptions (overestimations) of peer drinking norms. He discussed current promising collegiate research on using the correction of peer misperceptions and offered it as a potentially significant alcohol prevention strategy.

Investigating the pervasiveness of negative consequences due to drinking, Perkins (2002b) reviewed the existing research on the consequences of collegiate alcohol use and confirmed the widespread prevalence of consequences to student drinkers themselves, their peers, and the institution. He also noted importantly that although roughly 10 to 33% of the student population is affected by alcohol consumption, negative consequences due to drinking, "are not occurring for the majority of students in most contexts" (p. 99). He advised prevention planners to publicize this fact to students thereby correcting the misperceptions that most students are problematic in their drinking and reinforcing the healthy behaviors of most students.

The preceding work by Perkins (2002b) concluded that misperceiving the majority of students as misusing alcohol as being normative behavior only served to promote more

misuse. Subsequent research has lent empirical support for the correction of student overestimations of peer problematic drinking as a means to reduce actual consumption (Perkins, 2003a). To summarize a few of the important points consistent with this approach to prevention: 1) Although most collegiate students may choose to drink alcoholic beverages, most do so without experiencing problems; 2) for those who choose to drink, there are consequences associated with this consumption, but serious consequences occur for a minority of drinkers; and 3) many students reduce the consequences of their drinking by employing one or more personal strategies or protective factors.

In 1989 at Northern Illinois University (NIU), Michael Haines was the first to apply the social norms theory to the prevention of heavy drinking. Using the strategy of a massive media campaign, Haines publicized the actual drinking norms of students (most students drink moderately or not at all) to the NIU student population. Since 1989 this effort has produced significant decreases in the number of heavy drinkers and increases in moderate drinkers and abstainers (Haines & Barker, 2003). In a study to explain the comparatively small number of serious drinking consequences given the prevalence of consumption as discovered by Perkins, Haines (Haines, Barker & Rice; in press) identified specific strategies that students used to protect themselves from harm when drinking and found such strategies to be normative for students who drink.

The above findings provide a glimpse of the complexity surrounding collegiate drinking and have implications for how a prevention practitioner addresses the issue. Although it is important not to perpetuate student misperceptions of peer problematic drinking and the pervasiveness of its consequences, historically prevention planners have nevertheless called upon to prevent and reduce documented high risk drinking and its consequences even though they affect only a minority of students. At the same time it is not unusual for the prevention planner to encounter what appear to be mixed messages, practices, and ambivalent attitudes related to alcohol use. Faculty, staff or administrators skeptical about the effectiveness of prevention policies—if not viewing them as restrictive, punitive, counter to tradition, impractical, or unsupported by students or other constituents—may challenge the efficacy of the practitioners work. One can not fault the prevention specialist for observing that it is often easier to sign on to the pursuit of traditional prevention strategies than to be positioned between *the rock* of student resistance to prevention efforts and *the hard place* of questionable administrative support for change.

The Focus of This Essay

In this essay the focus is on institutionally sanctioned events, that is to say, those events that offer alcohol as a beverage to students who are of legal drinking age. This type of event is especially important for planners to address because for the event sponsor, it erases the objection of underage drinking. For some this disappearing objection also erases any other possible risks or cautions. Some common examples of such events include: beer tents at institution events, tailgate parties, and faculty receptions, alumni events, senior week celebrations, or other appreciation activities where alcohol is permitted. When learning of such events or when involved in the planning oversight of such, the practitioner is understandably concerned with the addition of more alcohol to

the alcohol pool and the possible negative consequences even if only for a minority of students. Faced with responding to institutional support for such an activity, common response options for the prevention planner are to caution or advise against the alcohol component or recommend tight management safeguards for alcohol distribution. Recommendations and their rationale are then communicated to the sponsors and other institutional stakeholders.

This essay describes how the prevention practitioner might use a framework to evaluate the potential risk factors in sanctioned alcohol available events, and propose strategies to reduce those risks. It is reasonable to assume that the perceived expertise and credibility of practitioners and the resulting influence of their consultations and advice might be enhanced if seen as grounded in current evidenced-based professional research regarding successful and promising prevention models and practices. From the prevention research literature, it is clear that collegiate alcohol misuse, the prevalence of consequences, the causative factors, effective harm reduction strategies, and legal issues related to underage drinking can generate a diversity of opinions on preventing alcohol misuse. And while the idea of viewing an alcohol event for its risk potential and management is not new, it would seem of benefit to the practitioner to have a user-friendly framework for simplifying the evaluation of risk associated with events which are designed to serve alcohol to legal aged students.

Within the collegiate prevention literature, two oft-referenced prevention models offer a source for such a framework: The Environmental Management-Social Ecological and Social Norms Models. While the Social Ecological Model differs in emphasis from Environmental Management, for this article they are associated as one model. Both are a resource to evaluate alcohol available events as to their “risk loading.” For current purposes the term “risk loading” is considered as the degree of goodness of fit to parts of one or both prevention models and to the prevention strategies that are generated from those models.

Delong and Langford (2002) expanded the Environmental Management Model by drawing upon a social ecological framework to create a typology of programs and strategies. They described a matrix of four levels from which interventions could be launched: the individual, group, institutional and community levels; and four target areas for intervention:

- 1) Knowledge, attitudes, and behavioral intentions
- 2) Campus environment
- 3) Harm reduction or health protection
- 4) Addicted and problem drinkers

They also proposed five categories of strategic activities for the campus environment:

- 1) Alcohol-free options
- 2) Supporting a health promoting environment as the norm
- 3) Alcohol availability

- 4) Alcohol promotion
- 5) Policy/law enforcement

While quite comprehensive in scope, the purpose of this typology was to, “Categorize existing efforts, identify missing program elements, and guide new strategic planning.” (DeJong & Langford, 2002; p.143) As such it may not be effective in toto as a tool to assess individual alcohol events, which is the focus of this paper. It is a source, however for a simpler but still effective framework to evaluate individual alcohol events.

The second model, social norms, has roots in the social psychological concepts of group norms, social conformity, attribution theory, and expectations as social influences on behavior and attitudes (Perkins, 2003) (See, *The Social Norms Approach to College Student Drinkers: Its History and Implications for College Health Promotion* earlier in this monograph). From research previously cited in this paper, Perkins identifies peer groups as typically the most influential reference group in the collegiate context and student perceptions of their peers as key to student drinking behavior and attitudes. Exaggerated peer misperceptions of the majority of students as problematic drinkers gives permission to the minority of actual problematic drinkers to continue their drinking styles. The sources of these exaggerations are multiple and can predate a student’s arrival on campus. They include print and electronic media stories of drinking incidents, parental warnings, college “war stories” from siblings, other students, and college employees, all of whom become “carriers” of the misperceptions. Accordingly, peer perceptions, as influenced by an alcohol activity, are important in assessing the risk of any alcohol activity.

Another finding from the social norms research is that the most students don’t suffer serious consequences from their drinking, and do use protective behaviors to achieve that end. When the healthy and safe student behaviors are acknowledged and publicized as the norm, they support positive behaviors and reduce problematic drinking (Perkins, 2003; Haines, Barker, and Rice, R.M., 2005).

Given the influential role of early and erroneous student perceptions of campus drinking norms, there is the likelihood that large visible displays of institutionally sanctioned alcohol use (beer tents, tailgating, senior week, etc.) reinforce these misperceptions. At the least they send a double message as to institutional policy and beliefs regarding alcohol use, and tend to give permission for problematic drinkers (a minority among the student population) to continue their practices accompanied by the resulting consequences.

Using the above findings as reference, a framework for determining the “risk loading” of an activity (here limited to alcohol available events) is offered as an expandable tool for practitioners to communicate their assessments along a continuum of fit to model. In drawing upon findings from the preceding approaches to prevention, one can extract some specific questions appropriate to a sanctioned alcohol event. The questions and their source are presented below. This is not meant to be exhaustive but rather a guide that is meant to be adapted to the prevailing institutional practices and philosophy. It is also recognized that practitioners may have differing opinions on any of the suggested advantages or disadvantages to any prevention practice and how effective it might be. In

some cases a listed strategy has its roots in both models but, for simplicity, it is listed in only one.

Environmental Management/Social Ecological Model

1) Alcohol Availability. Is alcohol availability limited? How is that managed before, during, and after the event? Are large containers, such as kegs, and locations for consumption restricted?

2) Additional Value. Is there an additional value to the use of alcohol besides the alcohol itself and related socializing? Are there educational aspects directly related to alcohol use? If not, does this affect student perceptions of the institutional attitude about alcohol use as a necessary means to enjoyment? Or is there a more positive affirmation of a maturing student's ability to drink at low-risk and appropriate to the context? Wine tasting, training in the controlled use or declination of alcohol at simulated official business functions are added value events hosted by some colleges.

3) Pre- and post-event drinking. Are strategies in place to minimize high-risk drinking related to the practice of alcohol consumption before and after the event? Are restrictions in place about the amount alcohol permitted per person in the "wet" residence halls? Are they enforceable?

4) Impact on surrounding communities. Are there strategies to avoid impact of high-risk drinking on the surrounding community especially due to drinking and driving after the event, and other disorderly or violent behaviors? Some colleges have employed the following practices to prevent negative impact and preserve "town- gown" relations: Advising students that police impaired driving checkpoints have been requested near the college and that local alcohol retailers have been advised to guard carefully against high risk sales to intoxicated students.

5) Administrative involvement. Does the institution support the event by directly or indirectly supplying the alcohol? Does this send a supportive or counter message to the existing prevention philosophy and attitudes toward alcohol use? Is there an administrative presence at the alcohol event that communicates a social norms message about moderation?

6) Sponsorship and funding. Do the event sponsors promote low- risk drinking and control for high-risk drinking at the event through its control over distribution, and the amount available to be consumed? Do they set limits on where and when alcohol may be consumed, and control the frequency and volume of drinking per student? At a three hour event, offering 10 or more beer tickets per student would be high risk drinking for a sizeable number of students, and would send a double message about managing BAC levels. Does it effectively screen out underage students from receiving alcohol?

7) Responsible server training. Have those who manage the distribution of alcohol received training from a qualified source?

Social Norms Model

1) Normative messages. Are campus norms messages visible at the event and also promoted for days prior to the event? Are the norms for the personal protective behaviors of students promoted and advertised? Consistently providing targeted messages to the event and its attendees would seem likely to reduce high-risk drinking and its consequences provided there has also been a campus wide ongoing social norms campaign.

2) Marketing and promotion. Is the marketing and promotion of the event restricted as to the contents of the event announcements? Specifically is the marketing focus on the event content versus the alcohol content? An alcohol focus may send a message of institutional permissiveness toward alcohol use as central to or the primary purpose for an event.

3) Public Visibility. Is the event large and publicly visible to other students? How large is the event and can it be divided into smaller less publicly visible groups in order to avoid reinforcing misperceptions of the campus norm?

13) Student involvement. Have students been involved in the planning the event or as leaders in discouraging high-risk drinking and preventing serious consequences during the event. In doing so such students can serve to reinforce social norms messages as well as provide direct peer pressure.

The following checklist (Figure 1) can be used to evaluate the risk of an event and assess what prevention strategies might be implemented. Each strategy has been described above, and in some cases has a specific example. For the prevention practitioner and planner this represents a systematic approach and a tool for addressing the institutionally sanctioned alcohol event for the legally aged student. Categories of prevention strategies and in some cases specific strategies are listed and can be expanded to fit a specific institution. But each strategy can also be associated with a prevention model and this gives the practitioner a scientific base and a third party testimonial for recommendations. Practitioners will be responsible for knowing the details of each model, how strategies are generated from each, and consequently the heightened probability that the practitioner will be perceived with greater credibility.

Additional research may also determine the level of empirical support for specific strategies suggested by both models. For instance I could find no empirical studies which tested the impact of large visible alcohol sanctioned events or the presence of high level administrators at such events on student perceptions of peer drinking. Such research would also enhance the credibility of specific prevention strategies and the practitioner offering them.

See Figure 1 below

Figure 1

CATEGORY	YES	NO	STRATEGY TO BE EMPLOYED
Environmental Management / Social Ecological			
Limit alcohol availability			
Additional value activities. Is focus on activity or alcohol?			
Administrative presence at the event			
Controls to reduce abusive drinking			
Limit alcohol focus in promotional content			
Strategies to reduce pre and post event drinking			
Prevent negative impact on community, e.g. DWI			
Trained servers			
Limit pace of drinking per person, e.g. Monitor alcohol tickets per person			
Concurrent alcohol free events			
Coordination and notification of all staff on campus regarding event			
Promoting Normative Behavior/Social Norms			
Administrative funding or supplying of alcohol			
Large visible public event			
Split into smaller less visible groups			
Targeted normative message campaign prior to and during event			
Student involvement in planning event			
Student involvement in implementation of event and discouraging risky drinking			
Targeted normative messages from president/other administrators prior to event			
Administrators present at event			
Other			

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Epilogue: Toward a Synergistic Model of Prevention

Robert J. Chapman, PhD

I teach a graduate course in addictions at La Salle University, which serves as a required primer on addictions for all students matriculated in the Master of Arts in Clinical/Counseling Psychology. The hinge on which this course swings is the assertion that the effective treatment of addictive disorders necessitates the integration of various professional counseling techniques shown to be effective when engaging addicted clients as they pass through each stage on a continuum of readiness to change. This essay posits that a nexus exists in the effective treatment of addictive disorders and the effective prevention of high-risk collegiate drinking behavior, namely the absence of one identifiable and universally accepted approach to preventing dangerous collegiate drinking.

Historically, the prevention field has approached the evaluation of new prevention theory and associated interventions as if determining effectiveness was exclusively dependent on an independent ability to curb high-risk collegiate drinking. If a new program failed to change the behavior of the entire collegiate population, then the theory and its resulting interventions were deemed ineffective. Consequently, an adversarial approach to evaluations has become the standard by which new theory and strategy are judged. Such a dichotomous approach to evaluation has tended to pit one approach to prevention against another, asking *which* is the right approach to preventing high-risk drinking? Although the scientific method has enabled us to look at the outcome of rigorous investigation of the effectiveness of various prevention strategies and glean a greater understanding of what works and what does not, the point remains that the tendency has then been to point to those evidence-based approaches to prevention that are deemed effective as if they, in and of themselves, represent a panacea that will curb the prevalence of high-risk collegiate drinking. This, in turn, fosters the misperception that if a prevention specialist or institutions of higher education were to simply employ this one technique or theory, it could expect that its concerns regarding student drinking would disappear.

Put another way, it would seem that prevention specialists have been consistently presented with the need to make choices *between* different theories of prevention, or approaches to changing student behavior, in order to discern which provides a *one-size-fits-all* approach to effective prevention. Such an approach suggests that there must be one correct way to prevent dangerous student drinking and that everything else must therefore, by association, be ineffective. Yet a nagging question persists regarding such an approach to evaluating prevention strategies: *where's the evidence?*

While it can be argued that there are "best practices" in prevention—and many prevention specialists have their own preferred approaches to delivering what they believe is effective prevention services—the purpose of this essay is not to further any one "model," but rather ask, *what if the prevention community was to embrace the fact that there may not be just "one truth"*? Does everyone with coronary artery disease have by-pass surgery? Are all individuals diagnosed with diabetes treated with medication? Is high-risk student drinking only prevented by "X" with all other approaches somehow "wrong" or at best ineffective?

The field of prevention needs to decide if the purpose of prevention is to change student behavior or motivate students to change themselves. High-risk drinking students mandated to intervention programs as the result of having been found responsible for violating university policy are more likely to respond to a different type of prevention strategy than the students who show no outward signs of high-risk behavior yet are targeted in order to maintain their low-risk status. Yet if we as prevention professionals are somehow forced to decide which prevention approach is right and which is wrong, then we are basically being forced to mandate behavioral change for an entire campus rather than motivate individual student decision-making. As student development professionals we must remain current with the research that is providing us with an ever-expanding awareness of new, evidence-based ways of approaching high-risk students.

Sometimes you have to give folks what they want in order to get the chance to give them what they need. Sometimes we need to help clients address the items on their agendas in order to encourage them to trust us enough to consider the items on ours. Change happens in stages, and we (as prevention specialists and student development professionals in higher education) have an obligation to meet our students where they are in their readiness to change, rather than insist that they meet us where we are when employing a *one-size-fits-all* approach to prevention.

As student development professionals, and prevention specialists in particular, we need to recognize that our job is not to save anyone from anything. If the truth were told, on my very best day, I am fortunate if I can help one of the students with whom I work. If I am vigilant, have remained current in my field, stayed abreast of the latest and most promising developments in the prevention of high-risk student behaviors, then maybe I can contribute something to the process of change for the student who agrees to work with me in counseling.

I believe that each time we choose to intervene in the life of a student, we are successful in that intervention...100% of the time. All the students I have worked with who realized a change in their behavior had one thing in common—a hesitancy to make that change. Some were unable to see the need to change and were rather adamant in their position. Thirty years ago, I was told this was "denial." Today I know such student positions to be indicative of a "precontemplative stage of readiness to change," one of the six stages on a continuum of change proffered by James Prochaska and Carlo DiClemente: precontemplation, contemplation, preparation, action, maintenance, and termination.

Other students were at various points along this continuum, but the common denominator for each, irrespective of their position on the continuum of readiness to change, was some degree of awareness of the appropriateness of changing. This degree of awareness almost always was tied to insight gleaned from experience. To the extent that we intervene with our students, we further their progression through the continuum of stages of readiness to change. We may be the first to have suggested that what, *causes a problem is a problem because it caused a problem*. While the student who hears this first admonishment is almost certain to dismiss our intervention, if we happen to mount the fifth such intervention, that student might start to think there may be a connection between the drinking or drugging and the problems being experienced. If we present the tenth such intervention, the student may start to consider that, "Change may not be such an inappropriate option to consider." In short, there can be no *eventual* consideration of change unless there is an *initial* intervention, and this is the foundation on which the argument that all interventions are successful is based.

There is an African proverb that suggests, "The way you eat an elephant is one bite at a time." Perhaps student affairs professionals and educators of all types should recognize that prevention should happen one student at a time, and the approaches we employ should be tailored to the needs of those targeted students rather than the institution as a whole. Effective prevention is not something done *to* an institution but rather it is something done *with* the individual students matriculated in that institution. Prevention specialists and student affairs administrators must not be forced to choose *between* models of treatment, but rather approach them as all being individual arrows in the archer's quiver, available for use as the job requires.

True craftsmen don't open paint cans with a screwdriver: Perhaps we should choose the best tool for the job to ensure the best results when we have finished.

APPENDIX

Included in this appendix is a collection of essays, used with the permission of the U.S. Department of Education's Higher Education Center for Alcohol, Other Drug and Violence Prevention and taken from a previously unpublished edition of *The Catalyst*

High School and University Officials Join Forces

Used with permission of the U.S. Department of Education's Higher Education Center for Alcohol, Other Drug and Violence Prevention and taken from a previously unpublished edition of *The Catalyst*

Underage drinking is not a problem that suddenly materializes when students arrive on college and university campuses. Many teenagers begin using alcohol and other drugs during their high school years or earlier. Since the University of Delaware is the single major institution of higher education in the state and 44 percent of its students are from Delaware high schools, a partnership between the university and local high schools was a logical step toward reducing underage and high-risk drinking on campus.

“We want students to receive information about what our expectations are before they arrive on our doorstep,” says John Bishop, Ph.D., associate vice president for counseling and student development at the University of Delaware.

Once students arrive on campus, the message of intolerance for high-risk drinking is constantly reinforced. Students are informed of alcohol laws and the risks of underage drinking through print media, Web sites, at orientation, in meetings with resident assistants in residence halls, in health education programs, and in courses. There is a constant stream of articles in the campus newspaper about alcohol problems and alternatives to drinking.

In the past, the university had a reputation as a “party school.” Bishop believes that working with local high schools has been instrumental in helping to change that image. “I feel strongly that the university’s reputation as a party school has been eradicated. If this project has done nothing more than that for now, we’ll be pleased with the outcome.”

The partnership between the University of Delaware and local high schools grew out of a task force that was part of the Building Responsibility Campus/Community Coalition, funded by The Robert Wood Johnson Foundation through its A Matter of Degree program. The task force spent several months in 1998 writing a mission statement and defining goals and objectives. The mission of the group is “to produce prospective college students who choose not to engage in high-risk drinking or accept it in others.” The group established the following goals:

- To coordinate a consistent university and high school message of intolerance regarding violations of alcohol policies and laws
- To create a partnership between Delaware high schools, higher education, and community and state organizations and agencies to network ideas, strategies, and support
- To enhance the consistency and effectiveness of prevention messages, methodologies, and strategies being used in the high schools

The task force sent a survey to about 50 high schools in Delaware, asking if educators they would be interested in forming a partnership to work on prevention issues. Of the 35 schools that responded, 33 said they would like to do so. The task force decided to start with six high schools in New Castle County, where the University of Delaware is located.

The University/Schools Alliance (USA) was formed with a mix of public, private, and parochial high schools, as well as the University of Delaware. Each high school created a school site team with administrators, teachers, health professionals, parents, and students.

At the time the alliance was formed, prevention activities at most of the high schools were limited to a talk at an assembly on the dangers of alcohol and some type of pre-prom activity with warnings to students not to drink and drive, according to Roberta Gealt, executive director of USA. But that started to change when staff members at the University of Delaware helped the alliance schools develop programs grounded in research-based principles of effectiveness. For example, they encouraged schools to develop greater knowledge of current alcohol and other drug use and trends, learn techniques for communicating prevention messages to students and parents, and work with parents to build parents' skills in communicating with their teenagers.

USA also provides funding for administrators to go to state alcohol and other drug prevention conferences, secures grants to support programming in the schools, and facilitates networking between the schools. Networking takes a variety of forms—a Web site, electronic mailing list, quarterly newsletters, workshops, and bimonthly meetings, at which all site teams meet to share ideas and offer mutual support.

“The greatest success of USA has been in encouraging schools to make comprehensive plans and carry them out and in providing opportunities for networking,” says Gealt. “People from different schools are now talking to each other, sharing ideas, and supporting each other in their efforts.”

An effective program being implemented in many of the schools is Parent to Parent, which is based on a set of eight videotapes produced by Passages Group in Georgia. A company representative trained parents from each participating school to facilitate post-video discussions about underage drinking and related high-risk behaviors and strategies for parents to address the problem.

Participating schools offer the eight-week Parent to Parent program once or twice during the year, as well as follow-up opportunities. At one school, parents who went through the program in the fall continued to meet monthly throughout the year. At another school, parents went on to a more intensive parenting program. A school in the Wilmington suburbs is planning parent outreach at a community center in inner city Wilmington, with the goal of drawing parents whose children are part of a area bussing program.

The schools in the alliance are using a variety of additional approaches to address underage drinking. Brandywine High School has instituted an annual USA brunch. About 100 students are invited to come with their parents on an in-service day to hear

motivational speakers who encourage students to make healthy decisions about alcohol and other drugs. Brandywine staff members have also developed a letter to local physicians asking them to share information about alcohol and other drugs with patients who are Brandywine students. They send another letter to college representatives, requesting that they inform students of their campus alcohol policies when they visit Brandywine High School.

Brandy wine and other schools have used grant money from USA to hire speakers for assemblies and to launch a series of “Lunch and Learn” discussions for groups of students meet during lunch hour to discuss issues related to prevention. The success of these groups has led to a series of “Dessert and Learn” discussions for parents.

Several times a year, the university invites students from participating high schools to alcohol-free social events on campus. “A midnight ice skating party at the University Ice Arena or an alcohol-free tailgating party are examples that show high school and college students that it is possible to have fun without alcohol,” says Bishop.

The primary focus of the alliance is to work with school personnel and parents to raise awareness of alcohol use among high school students. At Newark High School near the University of Delaware campus, affiliation with USA has led to the creation of Building Bridges, a group of parents, administrators, teachers, police officers, and members of the school’s Wellness Center staff. Articles about Building Bridges activities are included in a monthly newsletter for parents.

Parents who are involved in Parent to Parent and Building Bridges have also reached out to athletic booster clubs. When the Newark High School principal instituted a strict new alcohol policy stating that a student caught using alcohol or other drugs would not be allowed to participate in extracurricular activities until certain conditions were met, many parents in athletics booster clubs were angry. But after hearing from other parents about the reasons for the policy, some of the most vocal objectors joined Building Bridges.

Dana Dimock, a parent at Newark High School, is encouraged that “we are beginning to see some changes in both student and parent behavior.” She attributes much of the change to communication among parents, noting that parents working together—sharing information and supporting each other—is the most effective way to combat high-risk behavior among teenagers. “It’s the sharing that really makes a difference,” she says.

The National Resource Center for the First-Year Experience and Students in Transition

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When angry students at the University of South Carolina (USC) rioted and barricaded University President Thomas Jones, Ph.D., inside his office in the early 1970s, Jones used the 24 hours of seclusion for some deep thinking.

It was obvious that USC students—and other students around the country who were staging similar actions—felt campus officials were ignoring them. Jones believed that, in taking such extreme measures, the students must feel alienated from, rather than a part of, the college experience.

Behind the barricade, Jones sketched out a plan that would involve students and create a campus environment that was more responsive to them. Little did he know that the initial student gripe sessions he held would over the next 30 years evolve into an international movement to help students make successful transitions into college. That evolution was guided by USC Professor John N. Gardner, Ph.D., who founded the National Resource Center for the First-Year Experience and Students in Transition at USC, Columbia, in 1986.

Today, the Center leads the way in teaching educators about the college transition and serves as a worldwide information clearinghouse for other institutions. By title it is a “national” resource center, but its outreach is actually international.

“Our mission is to build and sustain a vibrant campus-based and international educational community committed to the success of first-year college students and all students in transition,” reads the center’s mission statement.

When students receive help with their adjustment to college, studies show they are more likely to stay in college beyond freshman year and less likely to engage in high-risk drinking or have other social problems.

“Students entering college are making a huge cultural shift,” says Mary Stuart Hunter, director of the resource center and a member of the Council of Advisors to the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse. Students often arrive socially unprepared, with false beliefs about what college will be like. They may believe that the next four years will be more about partying than learning and that the average college student drinks and uses other drugs excessively.

Students who are given correct information—that excessive partying plays a role among a small percentage of students—and the opportunity to establish a connection with campus life have a greater chance for success. They are also more likely to feel they have

a say in their college experience and less likely to act out in a negative way, such as rioting or engaging in other destructive behaviors.

The original gripe sessions instituted by President Jones at USC in the 1970s evolved into a called University 101, which served as a semester-long orientation to life on campus. Gardner served as director of the University 101 program and helped develop the course.

It was not a totally original idea. Seminars for new students have been part of the curriculum at U.S. colleges and universities for more than 100 years. The first freshman seminar was offered at Lee College in Kentucky in 1882, and the first for-credit seminar became part of the curriculum at Reed College in 1911. But freshman seminars had almost disappeared by the 1960s.

They underwent a rebirth in the mid to late 1970s, thanks in large part to the work at USC. In the USC seminars, new students were offered not just information, but a way to interact with and gain support from other students and the seminar instructor. This supportive environment helped create a sense of community within the larger campus.

In the early 1980s, Gardner was invited by campuses around the country to speak about this new class. He organized a national conference on the topic in 1982. He expected about representatives from 50 institutions to participate, but 175 institutions showed up.

The high interest prompted USC and Gardner to broaden their focus to the entire freshman year experience. They began developing a broader range of materials and started hosting a national conference each year. The South Carolina State Commission on Higher Education awarded USC a three-year grant to develop a research journal on the topic.

“Things just continued to grow and develop,” Hunter says. The center now holds a series of conferences each year and offers dozens of books and pamphlets to assist educators in facilitating the college transition.

Today, more than 70 percent of colleges and universities in the United States offer freshman-year seminars. And, while the United States seemed to be the only interested country for some years, there is now growing enthusiasm around the globe. Stuart Hunter recently returned from an international conference on the first-year experience at which half of the delegates were from other countries.

“In this country, the course is becoming more mainstream,” Hunter says. “At the same time, interest is growing internationally.”

The focus of the movement is shifting, as well, according to Hunter. Many schools originally became excited about freshman seminars because they increased student retention, which increased school revenues. But the resource center strives to emphasize a broader goal.

“Retention should not be the goal; it should be a by-product of good programs,” Hunter says. “If a school offers students a vital learning experience and engages them, they will come back.”

While the focus of the movement has been changing, so have the students who attend college. Hunter says the population on most campuses today is dramatically different from what it was when most faculty members attended college, and students have new set of risk factors that need to be addressed. Among those risk factors are the following:

- Many students are facing considerable financial stress. They may be working part or full time or incurring significant debt to pay college expenses. Not only that, but most students come to college and university today with a high standard of living and may think that they need to maintain a new car, wear designer clothes, and have a cell phone while in college.
- More students are entering college and university with established alcohol and other drug use behaviors.
- More parents are becoming involved with the college experience. Considering education to be a “commodity” they are buying, such parents think that they have a right to control their children’s college experience. This kind of involvement can be detrimental to the college transition and the independence that entails.
- Many students are coming to college and university with less enthusiasm and ambition because the final year of high school has become less challenging. Students who have been accepted to college often have a diluted schedule during the latter part of senior year, leaving them out of condition for the rigors of college.

Hunter says the Center is focused on meeting the needs of the changing student population and dealing with other challenges. Among their current efforts are the following:

- *Parent Education.* Hunter believes parents can play an important part in the college transition if they are aware of the best ways to help. “We should do a better job of educating parents and helping them understand how college is different from when they attended and how to adjust to being empty nesters,” she says.
- *Increased Service Learning.* Studies have shown that students involved in community service are less likely to drink when they are underage and less likely to engage in high-risk drinking. Service learning is part of many freshman seminar classes, but Hunter says an increasingly popular idea is to include service learning in other classes as well. For example, a student studying accounting could do volunteer work for a nonprofit corporation as part of his or her course work.
- *Aid for All Transitioning Students.* Freshmen aren’t the only students making an adjustment to campus life. A number of students are coming from community colleges or branch campuses. In fact, Hunter says, a study by the Center showed that 50 percent of college graduates had started their college careers at another school. Up until recently, these transfer students received little attention. Freshman seminar classes are now being offered as “new student seminars” at some schools, but few transfer students are signing up. Other approaches are being researched.

- *Expanded Assessment.* Freshman seminar classes have been assessed from the beginning, but the assessment focus has often been on student retention. More information is needed about how these classes affect students socially and in terms of their education.

Hunter says she expects the Center will have plenty to work on for years to come. “The work for those of us who care about first-year students isn’t going to go away. Students will always be making a cultural shift when they come to college.”

Some who work with new students give the Center high marks.

“The Center has been, is, and will continue to be very important to those of us who deal with students in transition,” says Charles Schroeder, Ph.D., professor of higher education at the University of Missouri, Columbia. “It has had a dramatic impact, and it has provided regional, national, and international leadership.”

Richard Mullendore, vice president for student affairs and associate provost at the University of Georgia, and a fellow at the Center, calls the center’s work “revolutionary.”

“There are tens of thousands in the work force today who wouldn’t have graduated from college if it hadn’t been for a first-year course,” he says. “The Center is doing good work around the globe.”

For more information on the Center, visit its Web site at <http://www.sc.edu/fye>

Passport to a Safe and Sober College Experience

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Incoming freshmen at Michigan's Grand Valley State University (GVSU) can get a "passport" to help them navigate their college experience in a healthy and safe way. It's a program that provides support to students to help them abstain from alcohol use or, if they choose to drink, do so at levels that reduce risks for harm. Called the Passport Social Mentoring program, its goal is to demonstrate that college students don't have to drink to have fun.

Nancy Harper, director of Alcohol Education and Research Training Laboratories (ALERT Labs) at GVSU, says: "Many students come to campus worried about how they are going to handle the alcohol situation, and they find out that it's really not a big problem."

During spring and summer, incoming students receive information about the Passport. And students who have participated in Passport send new students a newsletter describing their experiences in the program and letting new students know what to expect during their first year at GVSU. Freshmen who choose to participate arrive on campus two days before other students to get to know each other and engage in community-building activities.

Groups of four or five freshmen are each assigned an upper-class mentor. During their first two months on campus, Passport students participate in alcohol-free social activities, such as trips to museums, sporting events, the beach, and the zoo, as well as bowling and hiking excursions. In 2001–02, out of a class of 3,000 students, approximately 400 took part in Passport.

Passport also includes a residential component. Although all campus living centers at GVSU are, by policy, alcohol and other drug-free, students sometimes break the rules and return to their dorms intoxicated. "Passport House offers an escape from that," says Dave Jones, a graduate assistant who coordinates the Passport program with Harper. Students who choose to live in a Passport residence sign a pledge that they will not return to the house under the influence of alcohol or other drugs.

Passport House was such a success that last year's residents wrote to the university's president requesting additional space for the program so that they could continue to live in an alcohol- and drug-free environment. During the first year of the program, 174 first-year students lived in Passport House. Next year, 300 students will live in two houses.

One of Passport's strengths is its emphasis on student involvement. Each year at the end of the first semester eight Passport students are selected for the Student Coordinating Team (SCT). They are responsible for planning activities for the coming year and recruiting a diverse group of mentors. Each SCT member oversees 10 to 12 mentors.

Mentors are recruited through flyers, ads in the campus newspaper, and outreach to student organizations. This year, Passport has made a special effort to recruit student athletes. The president of the Student Athletics Advisory Council helped recruit 10 athletes to serve as mentors and two athletes became members of the SCT.

“We are trying to influence a student population that drinks more than the average student,” says Jones. A special invitation has gone out to freshman athletes to be part of Passport, with a promise that their mentors will be current members of GVSU’s athletic teams. And Passport planned an alcohol-free tailgating party for the first football game of the season.

Last year students formed the Passport Student Organization to continue alcohol-free activities beyond the first two months of the school year. The organization planned a pumpkin-carving contest, Thanksgiving dinner, concerts, bowling parties, and movie nights that were open to the entire campus. Similar activities are being planned for virtually every weekend of the academic year. The wildly successful Grand Valley Overnighter, which drew more than 1,000 students and was a huge alcohol-free party that involved more than 100 student volunteers, six campus departments, and donations from local businesses, will be repeated. Students enjoyed a night of inflatable games, swimming, food, dancing, and a casino run by faculty and staff.

Events like this “help students who don’t drink become more visible on campus,” says Jones. “The Passport program gives them a voice and a spotlight.”

Passport students have also created an alcohol education video. The video includes interviews with students talking frankly about their attitudes toward and experiences with alcohol. Harper believes that the value of the video is that students make it for students. “It’s the students’ voices they hear, and it’s highly credible,” Harper explains. “Adults used to go around saying, ‘If you drink, you’ll die,’ but it’s their peers they listen to.”

According to Harper, Passport is effective because it is part of an extensive campaign to change social norms on the GVSU campus. In addition to the social activities and the video, ALERT Labs sponsors a theater troupe that presents the consequences of alcohol and other drug abuse in dramatic form. The ALERT SOC [School of Communications] It to Me Players perform for Passport students, at local high schools, and in freshman classes.

ALERT Labs is also reaching out to parents with a “Parents Are Heroes” program. Most parents attend a parent orientation when they accompany their child to a summer registration session on campus. They are given a brochure with statistics on student alcohol use at GVSU, asked to fill out a survey on their own alcohol use, and offered the opportunity to sign a pledge to talk to their student about alcohol and other drugs at least once each month. Those who sign the pledge can also opt to receive regular e-mails with information that will provide a substantive basis for those conversations.

The response to the pledge has been overwhelmingly positive. Approximately 50 to 60 parents signed up for each of the 55 sessions held throughout the summer.

ALERT Labs also coordinated an alcohol summit in cooperation with Attitudes Matter, a county coalition of people who are working to prevent underage drinking.

These programs are making a difference at GVSU. “We have reduced the amount of high-risk drinking on campus by 40 percent over the past four years,” says Harper. Based on yearly surveys of a random sample of the entire campus, ALERT Labs has demonstrated that 23 percent of students on campus now engage in high-risk drinking frequently or occasionally, compared with 37 percent in 1999. “One of the most exciting things is the increase in abstainers from 23 percent to 30 percent during the same period,” adds Harper.

Harper attributes the success of ALERT Labs to the integration of many different approaches and an ongoing assessment of what is working. “We evaluate everything we do,” she says, “because we don’t want to waste our time. We know that our posters and ads and our theater are working. And we know that the Passport program is working.”

Harper believes that these successful approaches will “gradually bring about an end of tolerance for excessive drinking. That’s already happening in increased awareness among students of alcohol problems.”

For the past four years, a Michigan State initiative that makes money available for social mentoring and prevention programs has provided funds to Passport. GVSU provides staff and materials to support the program.

For more information on Passport, contact Nancy Harper, who is also a Center Associate with the U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Prevention, at (616) 895-2537 or by e-mail at harpern@gvsu.edu

Rochester Institute of Technology Helps Freshmen Make Healthy Decisions

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Several years ago, the president and vice president of Rochester Institute of Technology (RIT) became concerned about the institution's retention rate and about incidences of serious drinking on campus. They decided to focus on their students' experiences and the many challenges that young adults face as they leave the world of high school and enter college. The administration's intent to help students navigate the transition to college life is now actualized in a course called First Year Enrichment (FYE).

FYE, a noncredit course required for graduation from Rochester Institute of Technology, covers subjects ranging from time management to high-risk behaviors. Students meet for 50-minute classes once a week in small-group settings. FYE publishes both a newsletter for students and a newsletter for parents to reinforce course topics such as study strategies and tips for good nutrition.

FYE has evolved during its first three years as students' needs have become more clearly defined. In the beginning, FYE was a 10-week course required of first quarter freshmen; it is now a 20-week course to be taken during fall and winter quarters of freshman year. At first, FYE instructors concentrated on imparting basic knowledge. Because instructors realized that students come to college with considerable knowledge in most of the areas the course covers, FYE now concentrates on equipping students with information and skills to think through the consequences of their choices to help them make healthy decisions.

Robin Diana, who launched FYE and now directs the program with a staff of 13, believes that the RTI program is unique among programs designed to ease the transition from high school to college. What makes it different is its use of performance coaching and its intensive focus on social norming.

Performance coaching, a concept borrowed from the corporate world, involves helping individuals define their vision and then find within themselves the resources to actualize it. FYE matches every RIT freshman with a student affairs professional who serves as a performance coach. The coach meets with the student one-on-one for an hour at least once per quarter to discuss the student's individual challenges and plans, both academically and socially.

The performance coach is different from an academic advisor, who may direct a student's work and have some responsibility for grading performance. The coach's role is to:

- Assist students in their transition to the RIT environment. This may include helping them understand their own interests, needs and priorities and how to make connections with areas of the Institute that will help them establish themselves at RIT.

- Focus on facilitating healthy decision-making skills and choices with students. The Performance Coach helps students engage in the discovery process and assist them in making decisions that are in their best interest.
- Apply a variety of techniques in their work with students. At the core of their set of skills is the ability to discover information and effectively use the question and answer process, along with "journaling" and reflection, to assist students become more aware of themselves and define their goals and priorities.
- Help students integrate the content and activities experienced in the course and coaching lab into the personal choices and decisions they make. They provide for students to receive continuous feedback on their efforts to improve performance.
- Provide students with support and assistance in navigating the complex university environment by acting as an "environmental anchor." When necessary and appropriate, a coach will also act as an advocate on a student's behalf.
- Hold students accountable for their decisions and actions. Coaches encourage students to take risks and provide them with support and encouragement, should they face defeat or failure.

Through funding from two large grants, the RIT First Year Enrichment program also makes intensive use of social norming. On the theory that students tend to overestimate the “wild” behavior of their peers, the program attempts to correct students’ inaccurate beliefs about the alcohol and other drug use and sexual behavior of their classmates through a classroom exercise. The students are polled confidentially about their own alcohol and other drug use as well as about their perceptions of the alcohol and other drug use of other RIT freshmen. The students then swap responses, which do not have personal identifiers. Students reading each other’s responses must stand when the answer is “yes” to particular questions such as “How many participated in binge drinking at least one night last month?” Invariably, students are surprised at how few of them are standing. This classroom experience enables students to realize in a visual and memorable way the usually considerable difference between the real behavior of their peers and the behavior they have imagined.

The fact is that most students at RIT, as well as at other colleges and universities across the country, drink at low levels if at all. The social norming approach counters the media tradition of keeping the wraps on good news and showcasing the dangerous behavior of a small minority. Students, during a period of their lives when peer influence may be most persuasive, realize it is normal not to drink to excess or even not to drink at all.

RIT also offers a first year enrichment program in the National Technical Institute of the Deaf (NTID). One of several colleges within the university, NTID is the first and largest career-oriented college for the deaf and hard-of-hearing in the United States. NTID now has its own FYE class, in which hearing-impaired students focus on the special challenges they face in adjusting to the college environment. The coaching aspect of FYE may be especially important among students at the NTID, as these students may be more likely than their hearing classmates to be isolated and to lack an easy means of social connection in a new setting.

One year after First Year Enrichment was launched at RIT, college records showed a 3 percent increase in “persistence” rate, or the percentage of freshmen who continue as students in good standing for their sophomore year. Increases also occurred across the board for the first time in course hours attempted, course hours completed, and grade point averages. While FYE cannot be conclusively established as the cause of these positive trends, people around RIT—even professors once doubtful about diluting students’ schedules with “nonacademic” subjects—believe there is a connection.

“Having a personal coach at a time when everything is new and pressures are intense is such a valuable experience,” says Laurel Haydock, an RIT engineering student who recently completed First Year Enrichment. “Choosing to be open with my coach was itself a healthy decision.”

For more information on RIT’s FYE program, visit
<http://www.isc.rit.edu/~306www/first-year/index.html>

Community Colleges and Their Role in the College Transition

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Nearly half of all students who enter college in this country each year do not enroll in four-year institutions, but instead they enter one of the nation's 1,151 public and private community colleges.

Until recently there had not been much focus on the successful transition to college life of these students. As the importance of the first-year experience becomes ever clearer, however, community colleges are being targeted as a vital link in the transition process--not only for those high school students entering college for the first time, but also for those community college students who move on to four-year institutions.

Community college freshmen face many of the same challenges and experiences, especially when it comes to alcohol and other drug use, as students entering four-year institutions do. According to Beth DeRicco, associate director for services to institutions of higher education at the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Prevention, community colleges focusing more on ways to help their students successfully transition to college life.

To help in these efforts, the Higher Education Center has entered a collaborative relationship with the American Association of Community Colleges. AACC is an association of 1,200 member campuses, governed by a 32-person board of directors. It provides many services to its members, such as presidents' academy for new CEOs. A roundtable meeting called Community College Health and Safety: Preventing Substance Abuse and Violence was held in January 2002. Community college deans of student affairs and student services, community college faculty members, alcohol and other drug prevention specialists, college counselors, and directors of health and wellness programs were in attendance.

The Higher Education Center has also expanded its Presidents Leadership Group to include a subpanel of community college presidents and chancellors. In addition, the Department of Education, in consultation with the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse, is studying the possibility of holding national forums for senior administrators of community colleges.

Beverly Watts Davis, a trustee with the San Antonio Community College District and executive director of the prevention program San Antonio Fighting Back, says that many campuses have work to do in this area, but she also believes community colleges are "well situated to address this problem. They are a perfect avenue."

Among the advantages Davis sees are the following:

- Community colleges are already in the business of remediating students to prepare them to attend four-year institutions. Elements of freshman-year seminars can become part of that preparation process.
- Community colleges are community oriented and receptive to having service providers from the community locate on campus. Thus, new programs don't have to be developed. Already established community alcohol and other drug prevention providers could take on the job.
- Parents can be involved easily. Many community college students live at home and commute to campus. Thus, parents live close by and often have a day-to-day role in students' lives, unlike parents of residential students at four-year institutions.
- Community colleges are often smaller than the typical four-year institution and can offer individualized services.

"Traditionally, one of the roles of community colleges has been to prepare students," Davis says. "Our job is preparation."

While DeRicco is enthusiastic about these new initiatives, she sees challenges ahead. She notes that community college students are a highly diverse group that can be hard to address. While some students attend community college on their way to a four-year education, others attend for two years or just long enough to finish a certificate program. Still others are adults who are there for job training or career transition. In addition, because most community college students commute they often don't feel the same attachment to campus that residential students do. According to DeRicco at some point, schools and prevention specialists may take an approach for community colleges that would cover the transition picture from all angles—from high school to community college, from high school to a four-year university, and from community college to a four-year university.

"When high schools, community colleges and four-year colleges work together to help students make these important transitions in a healthy way, everyone benefits," says DeRicco.

The High School to College Transition: How Colleges Can Help

Used with permission of the U.S. Department of Education's Higher Education Center for Alcohol, Other Drug and Violence Prevention and taken from a previously unpublished edition of *The Catalyst*

Today more than 70 percent of colleges and universities in the United States offer freshman-year seminars designed to help students make a successful transition to college.

But could that transition be even smoother if students were reached before they left high school? Many who work with incoming college and university students believe it could, and efforts are growing around the country to reach these students well before they leave the security of high school and home.

“It’s the time when they are most anxious,” says Marie Hansen, campus liaison for the Prevention Network in Michigan and a Center Associate with the U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Prevention. “And it’s generally not the academic part of college they are worried about. They are socially anxious. Will they fit in? How will they make new friends? What will they do with their free time?”

Hansen believes that before students leave high school is the ideal time to talk to them about social norms on campus and to debunk myths about the abuse of alcohol and other drugs among college and university students. Research shows that students who make a smooth transition to college are more likely to stay in school and less likely to engage in high-risk drinking.

As part of her work in Michigan, Hansen directs Campus Connections, a statewide program that to help students make the transition to college free from the use of alcohol, tobacco, and other drugs. The Michigan Department of Community Health’s Office of Drug Control Policy, through the Prevention Network, developed the program. Campus Connections targets students between October 1 of their senior year in high school and September 30 of their freshman year in college. A number of program activities also target parents, returning students, and high school and college personnel. Thirteen of the 15 four-year public universities in Michigan participate in the program and receive program grants to fund staff and activities.

Hansen believes there are a number of important factors that can assist high school students transition successfully to college. Among them are the following:

- *Parent Involvement.* In the past, parents of college freshmen were often told it was time to “cut the apron strings.” Some institutions even asked parents not to have contact with their children during their first month on campus. That attitude has changed, Hansen says, partly because the parent-child relationship is changing. She says research shows that young people today are likely to rebel against their parents during high school but turn to them again for social support when they go to college. Colleges in Michigan and other states are taking the first

steps toward educating parents about how to help with the college transition. Parents receive letters and brochures from college officials and are asked to talk with their children about values and social norms on campus.

- *High School Involvement.* Hansen says high schools have been active in supporting alcohol- and other drug-free proms and graduation ceremonies, but are not so actively involved in educating college-bound students about the environment they will be entering. Guidance counselors put their energy toward helping students gain entrance to top academic schools, but don't focus on how they will adjust socially. "Seniors who are headed for college need to know realistically what to expect," Hansen says¹.
- *Positive Role Models.* High school seniors often meet "student mentors" from the college they will be attending when they make campus visits or when college representatives make presentations at their high schools. In order to ensure that these student mentors are adequately trained to talk about alcohol and other drug use, in Michigan mentors must take part in a full day of training that includes a prevention component, before they can make presentations to high school students.

In addition Hansen says that colleges could communicate with high school seniors via their Web sites or through e-mail, offering them accurate information about college life. That kind of electronic communication is now happening at Virginia's George Mason University. Program members contact incoming freshmen via e-mail.

"We write to them about what they will need to bring to college and include other messages about optimism, values, and decision-making," says Jennifer Maltby, program coordinator for Healthy Expectations, a program at George Mason funded by the U.S. Department of Education. "They also have the opportunity to write to us and ask questions."

Members of Healthy Expectations have also made presentations to high school seniors and their parents about what to expect from college life.

"Parents need to realize how important they are," Maltby says. "They may think their children aren't listening to them, but they are."

Healthy Expectations is currently working on a video for high school students and their parents called "Student Voices." It will include interviews with college students about what they expected before they came to college and what college is really like for them.

¹ Available online from the Higher Education Center at <http://www.edc.org.hec>: *Alcohol, Other Drugs, and College: A Parent's Guide*. This flyer was prepared for high school guidance counselors to distribute to parents of juniors and seniors via mailings and at college fairs and financial aid presentations. *Drinking, Drugs, and Choosing a College*. This flyer was prepared for high school guidance counselors to distribute to juniors and seniors to help them assess the environment of campuses they visit during their college search.

The Department of Alcoholic Beverage Control (ABC) in Virginia has also been active in working with high school seniors. The ABC provides free brochures to colleges that they can send to parents of incoming freshmen. About 60 of Virginia's 72 four-year institutions use the materials.

The brochure presents statistics about college students and drinking, such as "70 percent of Virginia college students say drinking is not a central part of their social lives," and information about consequences for drinking underage and using fake identification.

"We don't use scare tactics, but just present the facts," says Maureen Earley, education manager for the Virginia ABC. "They should know that there will not only be consequences now but career consequences later because these things will always be on their record."

Pat Breslin, an alcohol and other drug prevention specialist at Western Wisconsin Technical College and Network regional coordinator for Iowa/Minnesota/Wisconsin, says his campus has been sending mailings to incoming students and their parents for the past three years.

"We tell the parents, 'You're not finished yet,'" Breslin says. "We tell the students about the incompatibility of high-risk drinking and attending college. Also, because most of our students will be learning a skill and moving on to work in two years, we talk about the effects high-risk drinking could have on their careers."

Breslin has also been active in organizing representatives from other community colleges and technical schools in Wisconsin to work on this issue—about 50 of them recently, and they have started making contact with high schools.

At Gateway Community College in New Haven, Connecticut, a comprehensive approach to this issue is being developed. Wilson Luna, dean of student affairs, is involved in creating a program that would target students in high school and community college who are academically promising but at high risk for developing alcohol or other drug problems. The program would provide social norms education and training in leadership skills.

"If students are experiencing problems in high school, they'll take those problems to community college, and if they're experiencing problems at community college, they'll take them to a four-year university," he says. "We'd like to be there each step of the way."